

**AN EXPLORATION OF EDUCATIONAL  
PSYCHOLOGISTS' VIEWS OF THEIR ROLE WITH  
CHILD AND ADOLESCENT MENTAL HEALTH AND  
PSYCHOLOGICAL WELLBEING**

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Psychology**

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University of East London  
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Doctorate in Educational and Child Psychology

## **STUDENT DECLARATION**

### **Declaration**

This work has not previously been accepted for any degree and it is not being concurrently submitted for any degree.

This research is being submitted in partial fulfilment of the requirements of the Doctorate in Educational and Child Psychology.

This dissertation is the result of my own work and investigation, except where otherwise stated. Other sources are acknowledged by explicit references in the text. A full reference list is appended.

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## Abstract

This thesis explores the role of educational psychologists (EPs) working with mental health and psychological wellbeing. A mixed methods parallel design weighted towards the qualitative phase of the research has been adopted. An electronic questionnaire was sent to three local authority educational psychology services in the southern region of England to establish the nature of EP involvement in mental health and psychological wellbeing. The quantitative phase of the research provides a context for the more detailed qualitative phase. The process of Grounded Theory was followed to complete six in-depth interviews with EPs with a range of backgrounds and experience. The findings indicated that EPs are engaging in some mental health and psychological wellbeing work, although this varies between individuals and services. The emerging theory focused on the need for EPs to have a clear vision of their role and work holistically along a continuum of practice to meet the needs of children and young people. Issues around training, opportunity and supervision were identified as important factors needing to be addressed to allow EPs to engage in more of this type of work. Other issues such as understanding the various perspectives on mental health, the location of the EPS, working with other professionals and dealing with governance also emerged as important areas to consider. Finally, a model of meeting the mental health and psychological wellbeing need of children and young people is proposed to aid services to review the various components that might facilitate EPs engaging in more work of this nature.

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## List of Abbreviations

ADHD	Attention Deficit Hyperactivity Disorder
AFT	Association of Family Therapists
ANOVAs	Analysis of variance
BPS	British Psychological Society
CAMHS	Child and Adolescent Mental Health Services
CBT	Cognitive Behavioural Therapy
CPD	Continuing professional development
DAT	Drug and Alcohol Team
DCFS	Department for Children Families and Schools
DECP	Educational and Child Psychology Journal
DFE	Department For Education
DSM	Diagnostic and Statistical Manual of Mental Health Disorders
EPs	Educational Psychologists
GP	General Practitioners
HPC	Health Professionals Council
ICD 10	International Statistical Classification of Diseases and Related Health Problems 10
IPA	Interpretative Phenomenological Analysis
NICE	National Institute for Excellence
PASS	Pupil Attitude to Self and School
PATHS	Promoting Alternative Thinking Strategies
PRU	Pupil Referral Unit
SCIE	Social Care Institute for Excellence
SDQ	Strengths and Difficulties Questionnaire
SEN	Special Educational Needs
TaMHS	Targeted Mental Health in School initiative
UNICEF	United Nations Children's Fund (formerly, United Nations International Children's Emergency Fund)
WoE	EPPI weight of evidence

# 1. Introduction

What is the unique contribution of educational psychologists (EPs)? This is an area that has been constantly debated within the profession for decades with key movements, such as the Reconstruction Movement led by Gillham in the 1970s, that encouraged a shift from individual casework to working with systems (Gillham, 1978). More recently, Kelly and Gray (2000) and Farrell et al (2006) called for the re-introduction of psychology to increase the breadth of work EPs could complete. The profession's desire to clarify and establish consensus regarding the role of EPs has impacted significantly on the type of work completed and the focus of work for services. The election of a Conservative-led coalition government looks poised to explore the role of EPs further, which will likely have a significant impact on the future of educational psychology and the role of EPs. Despite the significant number of professional reviews, the role of EPs in relation to working with children and young people who experience mental health and psychological wellbeing issues is less than clear. The provision and ways of working for EPs vary greatly between locations and services, which impacts on the nature of work EPs complete (DfE, 2011). It is likely that the way EPs' work with child mental health and psychological wellbeing will vary inline with the diversity within the profession

This initial chapter will explore the different meanings associated with mental health to establish a clear definition that informs this research. The background and context for this research will be explored, including the frequency of mental health issues with children and young people. A rationale for the need to explore mental health and psychological wellbeing issues within a school context and the impact of these difficulties to learning will be discussed. This chapter will also explore the experience and background of the researcher to establish transparency regarding how the research came to fruition.

## 1.1 Terminology and Defining Terms

A vast array of terminology is used to describe the difficulties associated with mental health and psychological wellbeing. What constitutes mental health? This is a question that exceeds the scope of this report, and in itself could form a substantial thesis; however, it is important to explore this issue to some degree. The social construction of terminology appears to be an ever-evolving process as our understanding and meaning

we attach to phenomena change. Negative constructs appear particularly prone to re-invention and change, especially in education. However, the introductions of new phrases, with positive connotations associated, appear to gradually re-align with the historical negative constructs. New phrases such as: behavioural difficulties, emotional difficulties, social and behavioural difficulties, social emotional and behavioural difficulties, emotional wellbeing or psychological wellbeing, gradually become associated with the original issues. Why? A possible reason could be the selection of a new term does not address the social construct associated with these difficulties — or, more accurately, the stigma.

Throughout this document, the phrase ‘mental health and psychological wellbeing’ has been used as an umbrella term that sees mental health issues as falling along a continuum from issues around developing resilience and happiness at one end to issues of severe and enduring mental illness, such as schizophrenia, at the opposite end (see DCFS, 2008). It is hoped that this framework can be similar to physical health which encompasses the need to eat healthily and exercise, and life threatening illnesses such as cancer.

The importance of defining ‘mental health’ and ‘psychological wellbeing’ cannot be understated. Due to the wide range of professionals involved there does not appear to be a general consensus regarding the language used to describe mental health and psychological wellbeing (CAMHS Review, 2008). Traditionally, the construct of mental health has become synonymous with significant and severe mental illness (CAMHS Review, 2008) such as schizophrenia or bipolar disorder. In an attempt to reduce the stigma attached to mental health, a more positive concept of the term has been introduced which focuses on the importance of wellbeing and resilience for all adults to experience a state of positive mental health and psychological wellbeing (DCFS, 2008). The World Health Organization defines mental health as:

A state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community  
(2010, p. 1)

It is hoped that understanding mental health and psychological wellbeing within this framework will enable a common language to develop that allows professionals from all

backgrounds to have a similar understanding of what is implied when talking about mental health and psychological wellbeing.

## **1.2 Background and Context**

Should mental health and psychological wellbeing be an area of practice that involves a wide range of professionals, or should it remain an area of specialism for services such as Child and Adolescent Mental Health Services (CAMHS)? It is important to establish the magnitude and prevalence of these issues to gain insight into the difficulties children and young people face on a daily basis. There has been growing recognition of the importance of addressing and supporting the development of children and young people's mental health; this appears to be particularly relevant to the UK as significantly more issues were identified in comparison to many of their European counterparts. UNICEF (2007) completed research in over 21 countries to compare and contrast child wellbeing. The UK performed poorly compared to other industrialised countries and was placed last overall. The report found that the UK fell in the bottom third in five out of the six dimensions reviewed. The UK was placed bottom for family and peer relationships which focused on: family structure; the amount of time parents spent talking and being helpful with their children; and the quality of relationships outside of the family which are kind and helpful. Experiencing difficulties in these areas highlights a worrying issue at the heart of British society. These issues could be seen as a contributing factor underpinning other areas of child wellbeing, such as behaviour and risk taking, and subjective wellbeing which were identified as issues for the UK in the UNICEF (2007) report.

At a national level, Meltzer, Gartward, Goodman and Ford (2000) completed a more detailed review of the prevalence and nature of the mental health of children and young people in Great Britain as part of a National Statistics report in collaboration with the Department of Health, the Scottish Health Executive and the National Assembly for Wales. The findings of the report focused on the prevalence of mental disorders among 5-15 year olds and on the associations between mental disorders and biographic, socio-demographic, socio-economic and social characteristics of the child and the family. The outcomes of the report concluded that 1 in 10 children have a diagnosable mental health disorder, with difficulties more prevalent with boys. Eight percent of children aged 5-10 were identified as experiencing mental health difficulties; this rises to 11 percent during the adolescent developmental period of 11-15 years. Results indicated that the

characteristics of the family could impact greatly on the likelihood of developing mental health difficulties. Children of lone parents were twice as likely to have a mental health problem compared to children living with married or cohabiting couples: 16% compared with 8% respectively.

Part of the National Statistics (2000) report looks specifically at the association between mental health difficulties and education. The prevalence rate of mental disorders ranged from 6% among children who did not have special educational needs to 44% among children where a statutory assessment had been completed or a Special Educational Needs (SEN) statement was in place. The report found that 1 in 5 children had been identified as having SEN; however, children matching the ICD-10 diagnostic criteria were three times more likely than other children to have special needs: 49% compared with 15%. This information presents an interesting platform to explore the role of EPs in working with child and adolescent mental health and psychological wellbeing. EPs have traditionally focused on working with children with SEN; indeed, this is seen as an area of 'distinct contribution' (Farrell et al, 2006). Does this type of work include dealing with the associated mental health difficulties? The prevalence of mental health difficulties and the association with SEN, as identified in the report, highlights an interesting debate on, for example, the way SEN and mental health are associated. The higher prevalence of hyperkinetic difficulties and SEN is a perfect example to explore. Are the hyperkinetic difficulties hindering a child's ability to learn because of a neurological issue, or is it a result of the child not being able to access the learning material due to their learning environment?

The use of statistics provides some insight into the prevalence of children and young people who experience mental health and psychological wellbeing difficulties. Statistics are often used to demonstrate a potential rise in the prevalence of mental health difficulties. It is important to interpret such bold generalisations with care, as there are a number of factors that have influenced the reporting and analysis of mental health difficulties that needed to be considered when comparing new figure with historical data. For example, the number of diagnostic categories included in the *Diagnostic and Statistical Manual of Mental Health Disorders (DSM)* has steadily increased with subsequent editions. There are also culture and social factors that need to be considered. There as been a significant effort to reduce the stigma attached to mental

health, which has increased public awareness of the behaviours and difficulties associated with mental health issues, particularly anxiety and depression. It is possible that the prevalence of mental health difficulties has remained consistent over time; however, our ability to recognise, label and seek help has squawked the figures. That being said, the figures, whether increasing or not, do provide an indicator of a group of children and young people who are experiencing a significant level of distress. Young Minds (2002) provide a very simple analysis of how mental health and psychological wellbeing impacts on a school population. They suggest that in a school of 1,000 pupils there will be:

- 50 pupils who are seriously depressed;
- 100 pupils who are suffering from significant distress;
- 10-20 pupils with OCD; and
- 5-10 girls with eating disorders.

The Department of Health (2005) suggests that between 10-15% of children and adolescents presented with difficulties that are consistent with mental health diagnostic criteria with approximately a further 15% with less severe difficulties who would still benefit from support and interventions; this equates to 30% of the child and adolescent population. These statistics raises a number of interesting questions, such as: who will be supporting these children and how will they access support? Are these issues addressed significantly within schools? Who should be providing support to meet these children's needs?

To provide the context for the research, it is useful to discuss the characteristics of the area and the environment where EPs will be recruited. The geographical area explored in this research offers a diverse population from pockets of extreme poverty and social need to rural areas of significant wealth. Some parts of the counties have been identified to participate in government initiatives to promote mental health and wellbeing of children and young people due to an assessment of risk factors such as poverty, housing, employment and ethnicity.

### **1.3 Epistemology**

This research is underpinned by the philosophical paradigm of critical realism which will be discussed in more detail in Chapter 3. The ontology of critical realism accepts

there are multiple realities shaped by social, political, cultural and ethical values (Mertens, 2005). This research accepts the existence of mental health has been defined by historical and social factors. It could be argued that this research aims to empower and develop awareness of what could be perceived as a marginalised group, for example, people who suffer from mental health issues. The axiology of critical realism suggests that the researcher's values are essential to the research and directed by the desire to make a positive change. Ultimately, the aim of this research is to promote awareness of the role EPs can play when dealing with mental health issues. It is hoped that the research will help develop pathways for EPs to enable them to engage in more mental health and psychological wellbeing interventions. Accepting and embracing the influence of the researcher in shaping the focus and direction of the research, whilst simultaneously paying regard for the need for scientific rigour and processes, places critical realism as a more balanced epistemological position for conducting social research which accepts the limitations and uncertainties that cannot be controlled or established.

The origins of this research can be traced back to my experience of working within a psychiatric hospital and within a community psychology and counselling service as an assistant clinical psychologist. The job description was to support and enhance the professional psychological care of individual clients, carers, families and groups of clients within the service across all sectors of care (CAMHS, Adult, DAT and Elderly); and to provide psychological assessment and psychological interventions under the supervision of a qualified practitioner psychologist, working independently according to an agreed plan.

Through feedback with service users and the experience of working within a reactive mental health service, I started to recognise the importance of addressing mental health and psychological wellbeing issues early, before a crisis point was reached. The concept that mental health is everyone's business (CAMHS Review, 2008) resonates with me. It is evident that CAMHS are overwhelmed by the demand for support which has resulted in long waiting lists with children and young people not getting their needs met early enough. I completed some early intervention work within schools as an assistant clinical psychologist that was well received. Due to funding restraints the project was disbanded and the resources were refocused towards severe and enduring mental health

difficulties. At this time, I became curious about the role of EPs in completing this type of work, especially given the impact of mental health and psychological wellbeing on academic achievement and the relationship with special educational needs (Meltzer, Gartward, Goodman & Ford, 2000). I felt that there was — and still is — a lack of service provision to address children and young people's mental health and psychological wellbeing needs. The concept of early intervention and working with children, families and schools to address mental health and psychological wellbeing became an area of interest which I wanted to explore further as part of my doctoral research.

The introduction of doctoral training for EPs placed a renewed emphasis on the application of psychology (Farrell, Gersch & Morris, 1998; Gersch, 1997). The new shape of the educational and child psychology course made the shift from working in the area of clinical psychology to educational and child psychology more plausible for a number of reasons. Firstly, the entry requirement for the new doctorate removed the prerequisite for a teaching qualification to widen the scope for recruiting trainees who have experience of working with children and young people (Farrell, Gersch & Morris, 1998). Secondly, the apparent desire of the profession to broaden their role, including re-establishing therapeutic involvement, highlighted to me how well placed EPs are to meet the needs of children and adolescents experiencing mental health and psychological wellbeing issues (Farrell, Woods, Lewis, Rooney, Squires & O'Connor, 2006).

EPs are well placed to meet the needs of children and young people at an early stage by providing interventions in their context (Greig, 2007; DCFS, 2008; MacKay, 2007; Indoe, 1998). There has been a desire expressed by the profession to engage in a wider range of work as directed by Kelly and Gray (2000) in *Educational Psychology Services (England): Current Role, Good Practice and Future Directions* and Farrell et al (2006) in *A Review of the Functions and Contribution of Educational Psychologists in England and Wales in Light of 'Every Child Matters: Change for Children'*. However, the realisation of this change does appear somewhat problematic as there are a number of barriers preventing EPs from completing more in-depth psychological interventions. The Targeted Mental Health in School initiative (TaMHS) offers EPs an ideal opportunity to broaden their role into other areas to provide positive outcomes for children and young people. The role of EPs within TaMHS projects is interesting. According to the British



Psychological Society's TaMHS conference on 5 March 2010, EPs tended to adopt management and co-ordination or assessment responsibilities and referred to other professionals, such as primary mental health workers or clinical psychologists, to complete more in-depth direct interventions. EP led TaMHS projects appear to place a large emphasis on consultation, training and capacity development. All elements of these projects are important and offer a way of meeting the mental health and psychological wellbeing needs of children and young people; however, the difference stances and ways of working adopted by professionals are interesting. What is the rationale behind this stance for EPs? Are EPs already providing therapeutic interventions within school settings or is this a new area of need that has developed?

My interest in researching the role of EPs in working with mental health and psychological wellbeing has been fully supported by my local authority where I am employed as a trainee EP. The service was aware of my background and experience in mental health as this formed a significant part of the discussion during my interview. I expressed my interest to complete this research project and pitched it to the Principal EP and the Area Professional Lead EP, who commented that it was an interesting area to explore for the service and the profession.

In essence, my background in mental health and my desire to reach a core group of children and young people to address mental health and psychological wellbeing before it becomes entrenched in their lives, combined with the support received from the local authority, has brought this research to fruition. It is hoped that this research will explore a way to facilitate EPs to complete work of a mental health and wellbeing nature.

## **1.4 Research Rationale**

The CAMHS Review (2008, p. 27) used the slogan 'mental health is everyone's business' to highlight the need for a review of the service provision to meet the mental health and psychological wellbeing needs of children and young people. The traditional structures of tiered mental health services were deemed unsustainable and ineffective due to long waiting lists and increased demand. Four tiers of service provision have historically been used which generally become more specialised. For example, Tier one tends to be associated with primary care professionals, such as general practitioners (GPs), health visitors and teachers, who come into contact with a large number of the general public.

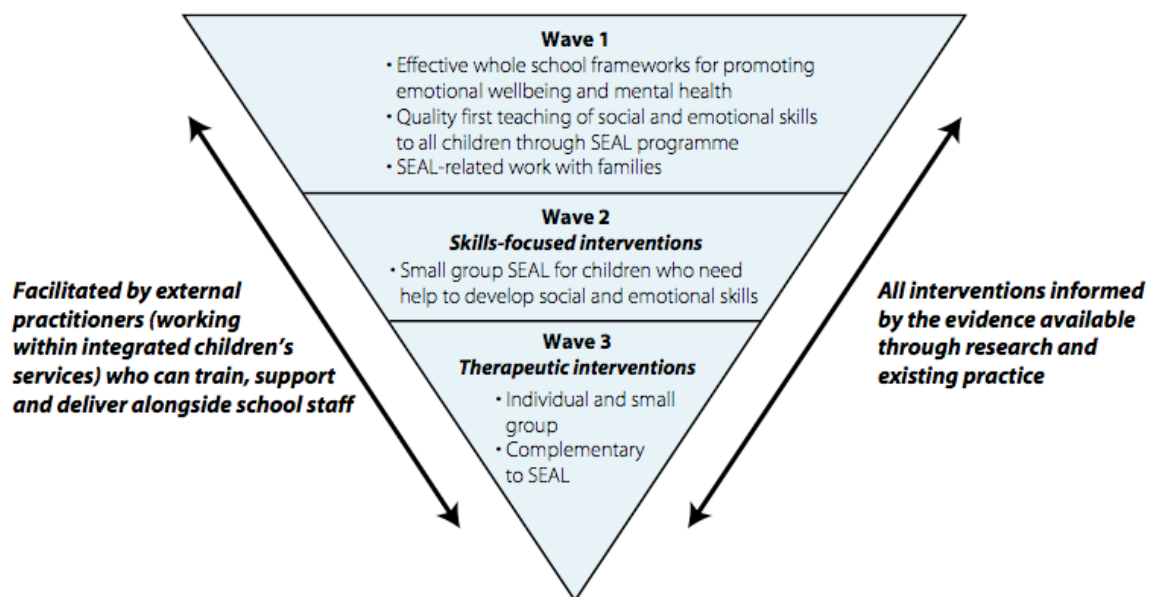
Tier two services become more specialised and involve a network of professionals, such as primary mental health workers, psychologists and community paediatricians. Tier three services tend to be multi-disciplinary community based teams, which deal with more persistent and complex needs. Finally, Tier 4 services are highly specialised services that involve inpatient hospitalisation facilities. The CAMHS Review (2008) called for the adoption of an 'ecological' approach to tackling mental health that required new ways of working for all services involved in providing mental health services to children and young people. The CAMHS Review (2008) identified the need for collaborative working, focused on promotion, prevention and early intervention, and emphasised the importance of joint working between different services and professions, including EPs — who have a broader remit than meeting the special educational needs (SEN) of children. Indeed, EPs are in a privileged position of having greater access to children and adolescents through liaison with schools. A recommendation of the CAMHS Review was to cascade services from tier three and four specialist services into lower tiers such as child services, educational psychology services and schools. The rationale underlying this recommendation is to improve access and availability of services to meet the growing demand for interventions for mental health and psychological wellbeing in children and adolescents. The cascading of work from specialist clinic services could also reduce the stigma attached to mental health as the issues are broadened out to other professionals and services which are more readily accessed by the general public.

The previous government's focus on early intervention and preventative work is evident in the recommendations of the CAMHS Review (2008), and this initiated the concept of making mental health services more accessible to the service users. It could be suggested that the recommendations from the CAMHS Review (2008) have fuelled the exploration of more accessible services which is evident by the TaMHS project. TaMHS is a government-funded initiative which arose as a result of the government's review 'Aiming High for Children: Supporting Families'. The review concluded that there was a lack of low-level mental health support and early intervention for children who are at risk of mental health problems (DCFS, 2008). Government funding was secured to run the TaMHS project which will be evaluated over three years. The TaMHS project's aims include:

Supporting the development of innovative models of therapeutic and holistic mental health support in schools for children and young people aged five to 13 at risk of, and/or experiencing, mental health problems; and their families.  
(DCFS, 2008, p. 2)

A TaMHS model has been developed based upon a three-wave approach that includes a universal provision to support more in-depth targeted groups and individual work for people with particular needs (see figure 1). A significant emphasis has been placed on developing the strategic integration of agencies, including schools, to enable professionals to work together more effectively and in a flexible manner that meets the needs of children and young people. The aim of the project is to develop integrated working based on an emerging evidence base of approaches that best meet the mental health and psychological wellbeing needs of children and young people (DCFS, 2008).

**Fig. 1 TaMHS Model for Mental Health and Psychological Wellbeing Provision**



Source: DCFS, (2008, p. 5)

Educational settings have been identified as important environments to address mental health and psychological wellbeing (Meltzer, Gartward, Goodman & Ford, 2000; Greig, 2007; DCFS, 2009; Mennuti, Freeman & Christner, 2006; MacKay, 2007; Indoe, 1998). The shift towards an 'ecological' perspective in dealing with mental health requires new ways of working for all services involved in providing mental health services to children and young people, including educational psychology services. EPs have tended to be associated with addressing the needs of vulnerable children and children with special

educational needs (SEN), although their remit is far broader to provide input to all children from birth to nineteen (Kelly & Gray, 2000) which could include children and young people experiencing mental health needs. Kelly and Gray (2000) in their report *Educational Psychology Services (England): Current Role, Good Practice and Future Direction* defines the role of an EP as follows:

To promote child development and learning through the application of psychology by working with individual and groups of children, teachers and other adults in schools, families, other LEA officers, health and social services, and other agencies.

(Kelly & Gray, 2000, p. 5)

The need for EPs to address mental health issues becomes more important and clearer when examining the association between SEN and mental health difficulties. Bearing in mind that EPs' caseloads tend to be heavily weighted towards children with SEN, there is an even greater need for EPs to be addressing mental health and psychological wellbeing.

The introduction of the TaMHS project appears to have mobilised many of the ideas discussed in the DECP working party, which looked into the role of EPs in working with mental health (see Elliott, Hayes, Indoe & Pecherek, 1994). Indoe (1998) assessed the evidence of EPs involvement in mental health services and evaluated the extent of the knowledgebase shown in the profession. His paper suggested that mental health has not been addressed in a multiagency way with collaboration being seen as a low priority for health, education and social services, despite the obvious crossover and needs. Indoe (1998) commented that there was a lack of collaboration in dealing with difficulties such as school exclusion and special educational needs. There is a tendency for services to focus on the specific aspects of the child that they are directly involved with, for example, the educational psychologist will focus on learning, social workers will focus on social difficulties, and health workers will focus on emotions or physical issues. Indoe (1998) stated that there is a need to develop a holistic service that looks at the child as a whole rather than focusing on specific areas defined by service structures.

The election of David Cameron's Conservative-led coalition government has introduced significant turbulence to all sectors of government including Education and Local Authorities. The 2011 Review of Special Educational Needs poses some challenges to the way EPs currently work, for example, who they work for and who will receive their

services (DfE, 2011). It could be argued that these uncertain times further strengthens the need for EPs to broaden their remit and shift away from SEN — particularly the dominance of statutory assessments. There is an ever-greater need for EPs to tackle high profile social and political needs to secure the survival of the profession (Gersch, 2004). Engagement with mental health and psychological wellbeing of children and adolescents is one possible area that is currently politically and socially relevant.

## **1.5 Linking Educational Psychology with Mental Health and Psychological Wellbeing**

Are EPs equipped and well positioned to adapt to the changing framework of service provision? Educational Psychology underwent a major review in 2006, which suggested that EPs “should expand into areas where their skills and knowledge can be used to greater effect e.g. in-group and individual therapy” (Farrell et al, 2006, p. 106). MacKay (2007) documented the rise and fall of therapy within educational psychology practice and argues that it is now time for therapy to be re-established, due to the increase in mental health difficulties experienced by children. MacKay (2007) suggested that the demand for therapeutic interventions has now increased for a number of reasons: i) Schools and teachers highly value the individual therapeutic input they receive from EPs. ii) it has become widely documented that more children and adolescents are now experiencing mental health difficulties. It is suggested that the needs of this population are best met through early intervention and preventative measures, which places schools in a central position for tackling these difficulties. iii) The developments within therapeutic approaches and the establishment of a more robust evidence-base generally, have increased the demands for therapeutic interventions.

EPs fall under the umbrella of ‘practitioner psychologists’ since statutory regulation by the Health Professionals Council (HPC) in June 2009 (HPC, 2009). As practitioner psychologists it has been suggested that EPs possess a range of basic counselling skills that underpin many therapeutic approaches, such as CBT (Squires, 2010) or systemic practice (Pellegrini, 2009), which are often developed further upon qualification through specific training and continued personal development. The skill base to complete individual work forms another dimension to an eclectic mix of skills that allow EPs to work in a diverse manner, which includes: assessment; working therapeutically with individuals and groups of children; providing consultation with parents, teachers

and other child services; facilitating and developing training for schools and other child services; and working at an organisational level where the system is required to change rather than focusing blame on the child (Farrell, Woods, Lewis, Rooney, Squires & O'Connor, 2006). The ability to work in such a wide range of ways provides EPs with a unique and useful set of skills to engage in mental health and psychological work with children and young people.

It is the opinion of the researcher that the influence of systemic theory within EP practice, which can be traced back to Paul Weiss and Ludwig von Bertalanffy's *General Systems Theory* (Von Bertalanffy, 1950; Drack & Apfalter, 2007), provides the profession with a powerful theoretical perspective to understand the complexity of mental health and psychological wellbeing in children and young people, which complements the principles of adopting an 'ecological' perspective to understand mental health and psychological wellbeing. This author would argue that it is not the adoption of a systemic stance that provides EPs with a unique contribution, it is the ability of EPs to assess the holistic needs of a child, including educational and social needs, and intervene at the appropriate level of a child's system to make a positive difference. Systemic practice can be applied in a number of different ways, for example, EPs can work directly with children, families and teachers through joint family-school interventions or as part of a family therapy team; they also use systemic theory to facilitate organisational change. Either application of systemic theory could be used to meet the mental health and psychological wellbeing needs of children and young people.

## 1.6 Summary

The introduction chapter has clearly defined the concept mental health and psychological wellbeing underpinning this research. The prevalence of child and adolescent needs has been explored, with schools being identified as ideal setting for professionals, including EPs, to provide support. The research background of the researcher has been discussed to provide transparency to the reader and document how this research project was established. An overview of Government legislation and projects has been provided to support the rationale that this is recognised as an important area of development within society. Finally, the psychological theory and skill-base of EPs has been discussed in relation to their application to mental health and psychological wellbeing of children and young people.

The next chapter will focus on a review of the literature to explore the current practice EPs have been publishing in relation to mental health and psychological wellbeing. It is hoped that a systematic review of the literature, looking at the types of interventions EPs have been completing, will provide a context for the research project.

## 2. Literature Review

This literature review is guided by the research title which seeks to explore the role of EPs in working with mental health and psychological wellbeing. The aim of this chapter is to review the literature within a number of main journals used to guide EP practice, to establish the type of work EPs have completed and published in relation to mental health and psychological wellbeing. This chapter will initially document the steps followed to complete a systematic literature review, including the use of key terms and exclusion criteria, to ensure transparency for the search to be replicated. The research articles reviewed as part of this chapter will be critiqued and summarised to document the nature of work EPs have completed and published in relation to mental health and psychological wellbeing. The findings of the literature will then be related back to the aims of this project and discussed in relation to the research questions that will guide this thesis.

### 2.1 Context for Systemic Literature Review

The completion of a systematic literature review is not normally associated with research using Grounded Theory, which was developed by Glaser & Strauss (1967). As this thesis adopts a mixed methods framework, the initial literature review has been used specifically for the quantitative phase of the research, which aims to ‘set the scene’, by outlining EPs’ current thinking and approach to mental health and psychological wellbeing. By reviewing the work that EPs have published in relation to mental health and psychological wellbeing, it will provide a more generalised professional context to complement this research project and inform suitable research questions to guide further exploration as part of this thesis.

This review is interested in exploring the type of interventions EPs are using and evaluating, as this provides insight into the way EPs are meeting the mental health and psychological wellbeing needs of children and young people. The literature review will look at three different levels of EP practice: direct individual work with children, young people and families; consultation interventions with a key adult; and interventions to facilitate change at an organisational level. In keeping with the principles of Grounded Theory, a more comprehensive trawl of the literature will be completed once key



concepts emerge from the data in the qualitative phase. Although completing an initial literature review could be seen as being contrary to the principles of Grounded Theory, the aim of the initial review is not to inform the direction of the qualitative phase. It is hoped that the two separate phases of this research will come together at the end to provide a more detailed overview of the way EPs are working with mental health and psychological wellbeing, with the literature review providing insight at a national level to complement this local project.

## 2.2 Method of Systematic Literature Review

To locate relevant studies, an electronic search on the PsycInfo database was completed. A range of terms was used initially to allow for the variance in terminology used to describe mental health issues. The terms used in the search included a combination of: educational psych\* and mental health, or social emotion\*, or wellbeing. Due to the quantity of studies located, specific inclusion and exclusion criteria were established to ensure selected articles related specifically to the research aims of the thesis. The following were used for the initial screening of the studies located in the electronic search:

- English studies only.
- Date range of the studies was from 2005-2010.
- Journal articles only were added to the final analysis.
- All articles where published specifically in Educational and Child Psychology, Educational Psychology in Practice and Emotional and Behavioural Difficulties journals.

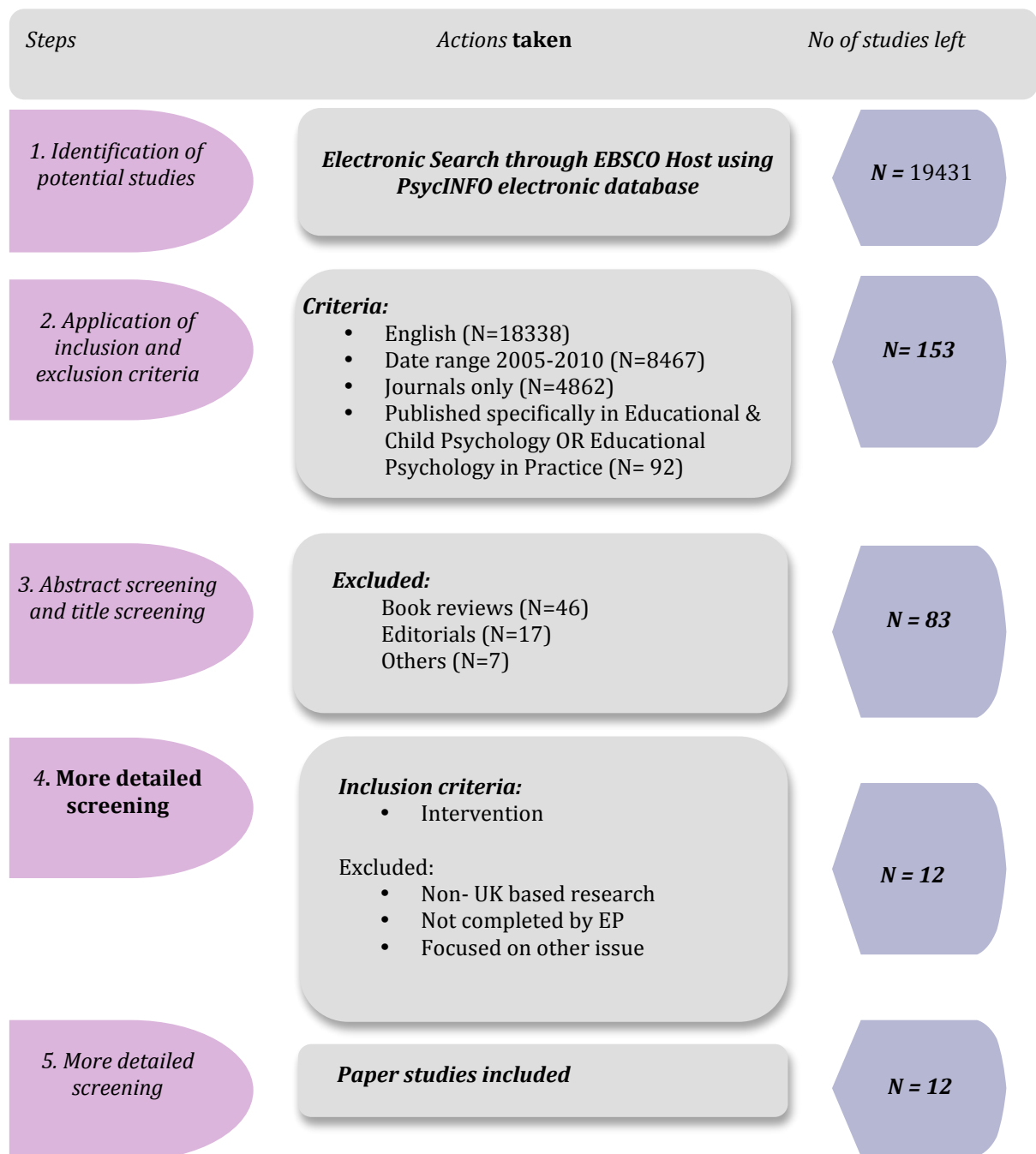
The research is specifically interested in reviewing the current literature on mental health and psychological wellbeing that EPs in the United Kingdom have been actively involved with the intervention. There is a wealth of interesting work in other countries such as the USA and Australia (see Chessor, 2008; Mennuti, Freeman & Christner, 2006; Noble & McGrath, 2008; Roffey, 2008) which provides interesting reading and possible application to the UK; however, it was felt that by including these journals it would distract from the research aims. Therefore, literature with no British source forming an aspect of the study was excluded. To ensure that the literature review remains focused and specific to EPs in the United Kingdom, the range of journals incorporated into the

search was also limited. The systematic literature review focused specifically on the two main journals used by EPs in the UK: *Educational Psychology in Practice* and *Educational and Child Psychology*. The *Emotional & Behavioural Difficulties* journal was also used as this is a growing source for EPs interested in mental health.

Further inclusion and exclusion criteria were established for the screening of article titles and abstracts to ensure the final analysis remained specific and relevant to the aims of the research. The following criteria were used:

- Book reviews and editorials were excluded.
- Duplicated references were removed.
- Non-UK based research was excluded.
- Research completed by other professionals was not added to the in-depth review.
- If the main premise of a study focused on another issue or if it was a theoretical paper, then these were not included in the in-depth review.

**Fig. 2 Diagrammatical Map of Literature Review**



Search completed 27<sup>th</sup> August 2010

*Table 1 A Literature Review Documenting the Research used to Explore the Role of EP in Working with Mental Health and Psychological Wellbeing*

<u>Author(s) and Year</u>	<u>Research Area</u>	<u>Method</u>	<u>Participants</u>
<b><u>Direct Therapeutic Work</u></b>			
Cole (2008)	The effectiveness of cognitive-behavioural interventions for adolescents with anger related difficulties	A systematic literature review of 14 studies	A total of 500 adolescents aged between 11 and 18 in various research projects and contexts
Dodd (2009)	The impact of group work with children and mums who have experienced domestic violence	A mixed methods design was adopted to evaluate therapeutic groups which included: focus groups, semi structured interviews, and a pre- and post intervention questionnaire	10 mothers and their preschool children
<b><u>Consultative Approach to Establishing Group Interventions</u></b>			
Cullen and Monroe (2010)	Explores the relationships between pupils and staff and the effect this has on educational experiences and emotional development, through a sports programme	Mixed method evaluation of a 6 week programme, including: attendance data, individual and group interviews, observations and the development of 'rich pictures'	Opportunity sample of 10 boys from a diverse range of cultures, either at risk of exclusion or had previously been excluded
Seth-Smith et al (2010)	Quantitative evaluation of Nurture Group in schools	A non-randomised pre-post test design, with 10 schools and 5 controls  Analysis included: SDQ, Boxall scales; and academic achievement scores	Schools selected to represent the control groups  Participants varied from 4 to 8 years of age
Sanders (2007)	Evaluated the effectiveness of a number of nurture group projects in 3 schools	A small pre-post design study, with a comparison control group using: the Boxall Questionnaire, interview of children, teachers and parents	26 reception and Key Stage 1 children in Nurture Groups  Interviews: 7 children, 29 teachers and some parents

Burton (2008)	Educational psychology services' development of a training programme aimed at supporting and empowering learning support assistants to address the emotional needs of children in the school (ELSA)	Mixed methods using narratives and pre and post questionnaires	Review of 22 schools
Hart (2009)	The social and emotional needs of children and young people who have experienced a wide range of traumas, as a result of being refugees	A case study vignette and a review of the literature	13 year old boy
Hampton et al (2010)	Effectiveness of Rtime intervention that looks at relationships, bullying and enjoyment at school	A mixed methods design including: pre and post questionnaires, thematic analysis of interviews with link person at each school	21 educational settings with 148 school age participants from foundation to key stage three (age range 4-14).
<b><u>Universal Whole School Approaches</u></b>			
Davison, Galbraith and McQueen (2008)	The process of introducing cooperative learning at a systemic level, to teach social and emotional skills to children in a mainstream primary school	A mixed methods design including: questionnaires, observations and semi structured interviews	Questionnaire given to participating staff (n/a) Interviews: 12 children
Curtis and Norgate (2007)	Evaluating the Promoting Alternative Thinking Strategies (PATHS) curriculum in schools	A pre-post measures control design using mixed analysis of variance (ANOVAs) and paired t-tests	5 schools and 3 controls 17 teachers, 287 pupils completed the SDQ
Hall (2010)	Whole school approach to support mental health and wellbeing by listening and acting upon the views of children	Qualitative case study of a primary school	18 children in key stage 1 and 2. Teaching staff at the school
Boorna, Hopkins Dunna and Page (2010)	Document a training programme presented by EPs to promote emotional wellbeing and a positive learning environment	Evaluation of training programme used a 0-5 rating scale. Three month follow-up questionnaire of a sample of schools	73 schools in Leicestershire which included 165 teachers

## 2.3 Critical Review of Existing Research and Empirical Findings

A total of 12 articles were examined for the in-depth literature review, which included research on interventions and meta-analysis or reviews of specific interventions. The articles have been divided into three distinct groups, based on the different levels EPs traditionally find themselves working along. The first group of articles focuses on direct working with children and families, which included individual interventions and interventions specifically focused at parents. The second group of articles focuses on interventions that have adopted a consultative framework where the EP works indirectly with a child by working with adults involved in the child's system. The final group of articles incorporates work where EPs have tried to affect organisational or system change, for example, interventions that are targeted at the whole school level.

## 2.4 Direct Therapeutic Work

The review of articles grouped under the direct therapeutic work title requires EPs to be delivering an intervention to an individual or family that has been identified as requiring mental health or psychological wellbeing support. Cole (2008), for example, looks at the effectiveness of cognitive-behavioural interventions for adolescents with anger related difficulties. The review aims to address the issue of a limited evidence-base for cognitive behavioural interventions for adolescents. In keeping with the precedent set by the National Institute of Clinical Excellence (NICE) for evaluating cognitive behavioural interventions and establishing effectiveness, Cole (2008) adopts a positivist framework with a deductive approach being used, driven by pre-established research questions. The outcome of the review is focused on establishing quantitative data that proves statistical effectiveness for an intervention. A systematic literature review of cognitive behavioural interventions for adolescents with anger difficulties was completed to identify relevant studies to be analysed. 14 studies out of a possible 90 were selected for in-depth review based on specific inclusion criteria. Included studies focused on adolescents aged between 11 and 18 who received cognitive behavioural intervention, individually or in a group. Single case studies, reviews and meta-analysis studies were excluded from the analysis.

A large proportion of the studies included in Cole's (2008) review were conducted in North America and focused on group cognitive behavioural interventions. The setting

for interventions ranged from schools to mental health and criminal justice contexts. The sample population consisted of almost 500 participants of which 376 were male. The effect-size of each study varied widely, as did the nature and length of the interventions. The in-depth review focused on each of the studies outcomes to compare and contrast effectiveness. Effect-size was calculated using Cohen's *d* as the researchers feel this is gradually becoming the universally agreed approach which allows comparison to other published studies. The 14 studies included in the in-depth review were also analysed by the EPPI weight of evidence (WoE) tool which assesses: the soundness of the study; appropriateness of the research design; the relevance of the study topic and focus on the research question; and the overall weight as a result of the aforementioned factors.

Cole's (2008) review concluded that cognitive behavioural interventions are effective for managing anger related difficulties in a wide range of adolescent populations. The review found 13 out of the 14 studies reported significant short-term reductions in the measures of anger and aggression in the adolescent participants. Where a measure of effect size was calculated, the majority were located within the medium to large range. Despite the diversity of the studies reviewed, the weight of evidence found that over half of the study fell within the 'medium to high range', with over half of the studies using a control design.

This paper offers a comprehensive review of the evidence-base for cognitive behavioural interventions being used for adolescents with anger related difficulties. The review has been conducted in a transparent and rigorous manner which could easily be replicated. Despite the clear inclusion and exclusion criteria, the range of studies and the characteristics of participants included in Cole's (2008) review remain diverse. In many ways these issues identify the need for more rigorous research in this area, for example, this study needs to compare cognitive behavioural therapy to other interventions. The positivist approach does create some limitations for establishing how the interventions were successful, for example, what aspect of the intervention did participants find helpful, do they feel the intervention was successful? These are important questions that would broaden our understanding of this type of intervention; it would also distance the research from the focus of the clinician's view of effectiveness of change and how they feel it should be measured.

Shifting away from individual work, EPs often find themselves engaging directly with groups of children or parents. Incorporating aspects of a child's system with the work can often facilitate more positive outcomes for children and their families. Dodd (2009) offers an in-depth review of the effectiveness of group work with children and mothers who have experienced domestic violence. The article provides a written account of a locally initiated multi-agency project which provides an account of the experiences of all parties involved in running the therapeutic groups. The group work consisted of: therapeutic play sessions for the children, a parenting support group for mothers, and an opportunity for the mothers and their children to play together. A mixed methods approach was adopted for Dodd's (2009) research, which included qualitative data collected through focus groups and semi structured interviews; quantitative data was collected through a pre- and post-intervention questionnaire.

The young children and mothers group, was established to support up to 10 mothers and their preschool children, who experienced domestic abuse, and were known to social services and/or living within the women's refuge. A local Family and Children's Centre was used as a venue. The staff in the group consisted of five multi agency professionals, with two professionals working with the women and three with the children. The core team included: a specialist health visitor; senior educational psychologist; family/children's centre workers; workers from the women's refuge. The *Parenting Daily Hassle Scale* (Crnic & Greenberg, 1990) was used in Dodd's (2009) research to assess the frequency and intensity of the daily hassles experienced by adult caregivers of children. This questionnaire was completed during the first and last session of the group. A number of qualitative research methods were used, including focus groups and semi-structured individual interviews, to critically examine the experiences and perceptions of participants. A descriptive content analysis was completed on the qualitative data to identify common themes. Pre-and post-group comparisons on the *Parenting Daily Hassle Scale* would be reported to monitor the change in average responses as a result of the intervention. A *Schedule of Growing Skills Assessment* (Bellman, Lingam & Aukett, 1996) was used to assess the children who attended the second group. This questionnaire is designed to establish if any common themes and development — or lack of development — occurred in children who experience domestic abuse.



The results suggested that mothers found the group to be a positive experience and appreciated the opportunity to meet and talk with others in a similar situation. They found some of the sessions particularly challenging and painful, although acknowledged that these discussions were needed. The mothers who attended the group felt that their children had benefited from the support the group provided. They reported that the children enjoyed receiving the extra attention, which made them feel special. Several mothers suggested that the group could help the children socially and improve their behaviour at home. The group leaders reported that they felt all group members enjoyed the intervention and became more positive in their comments about their children. The group leaders felt that the women started to realise the importance of play and became more aware of the impact of domestic violence on children. Group leaders reported observing differences in the children's behaviour at the end of the group and observed more positive interactions.

Dodd's (2009) research offers an in-depth review of the impact of group work with children and mothers who have experienced domestic violence. A large amount of qualitative quotes are used throughout the article to complement the different sections discussed. The adoption of a mixed method approach does provide a more holistic approach for exploring a research area (Johnson & Onwuegbuzie, 2004). However, this type of research also presents a number of limitations. A more in-depth evaluation of therapeutic group work would have been useful to specify what has changed as a result of this intervention. The information that has been collected tends to be quite descriptive and focused on the structure of the group, rather than on the content of the intervention. The quantity of data analysis is limited due to the small sample size. The analysis of the quantitative data is also questionable, as only the average scores of the group were reported at pre-and post-group stages. The research appears to adopt a pragmatic stance that would benefit from further integration of the qualitative and quantitative findings being brought together to triangulate the findings and provide a more robust analysis.

#### 2.4.1 Summary of Direct Work

From Cole's (2008) and Dodd's (2009) research, it can be concluded that there is a growing evidence-base supporting the use of mental health interventions within schools and community settings. It is difficult to establish who is implementing these

interventions within the research; however, it indicates that these are areas where psychologists can offer a service to make a positive difference for children and their families. There appears to be a rather limited amount of research available regarding EPs working directly with children and families to address their mental health and psychological well being needs. I wonder if EPs in the UK are using cognitive behavioural interventions for adolescents with anger difficulties on a daily basis or how many EPs are regularly involved in direct therapeutic group work with mums and children exploring domestic violence? There is certainly a need for further research to explore the effectiveness of therapeutic interventions addressing a wider variety of needs and difficulties. For example, Cole's (2008) review specifically focused on anger related difficulties. However, there is a need for further reviews to look into other issues children and adolescents experience as part of their childhood to see if more therapeutic interventions delivered by EPs are effective at addressing these areas of concern.

## **2.5 Consultative Approach and Group Interventions**

There has been a shift by some aspects of the profession to work in an indirect way with children and young people by utilising and developing the skills of an individual who has already established a close relationship with a child (Gillham, 1978; Wagner, 2008). A consultative approach allows EPs to work with a larger number of people and make changes that can impact on other children, not just the initial person who was targeted (Kelly, Woolfson & Boyle, 2008). The articles reviewed in this section tend to be focused less on specific mental health difficulties and are more concerned with developing knowledge and awareness of factors that facilitate positive mental health and psychological wellbeing. They have been included in the review because they focus on areas such as: improving relationships with teachers, ensuring children have access to positive experiences to build self-efficacy, and developing a school's capacity to manage children and young people's emotions through interventions like nurture groups. All these interventions provide an important foundation for developing good mental health and psychological wellbeing.

Working under the guidance of this type of framework, Cullen and Monroe (2010) explore the importance of relationships between pupils and staff and the effect this has on educational experiences and emotional development. The relationship between staff and pupils and facilitating positive experiences are important factors for the

development of mental health and psychological wellbeing (Tew, 2010). The report identifies sport — in particular football — as an activity where challenging and disengaged students often show high levels of pro-social behaviour and openness to learning. The article considers the importance of the relational aspect of the project and how this can be used to inform further interventions.

Cullen and Monroe's (2010) research adopts a transformative paradigm as it focuses on working with people perceived to be a minority or disadvantaged to effect change. The research directly confronts social issues and stresses the influence of social, political and cultural values in the construction and management of children identified as having social, emotional and behavioural difficulties. An opportunity sample of 10 boys was selected by school staff to participate in the project. Each participant was either at risk of exclusion or had previously been excluded. The ethnicity of the sample consisted of white Turkish, white British, black Caribbean and dual race pupils. Qualitative and quantitative data was collected after the project had been running for six weeks. Semi-structured individual and group interviews were conducted to collect the opinions of those involved in the project. Unstructured observations of discussions in lessons and when playing football were also used. Attendance data from the school was used to compare exclusion rates before and after implementation of the project. A mixed method approach was used to triangulate data to form a firm conclusion about effectiveness of the intervention.

Analysis of the data occurred through creating 'rich pictures' of information obtained during the interviews. Themes were drawn out, shared with the school and the sports club, and were reviewed. EPs completed regular unit consultations and attended staff meetings to share photographs and rich pictures that have been produced from interviews with students.

Upon review of the attendance data from the Pupil Referral Unit (PRU), the majority of students who attended the intervention received less half-day exclusions in the half term of the project compared to the half term before the project was implemented. Two members of the group appeared unable to utilise the project and their emotional, social and behavioural difficulties became more pronounced. PRU staff suggested that the implementation of this project introduced a very positive and meaningful educational

and personal experience for the participants. EP observations highlighted a wide range of positive behaviours, such as good listening, high levels of engagement, positive interactions with peers and staff, turn-taking skills and the ability to manage frustration. Qualitative data gathered within this research provides a substantial amount of information about the success of the programme. It would have been useful to have a larger quantity of data reviewing the impact of this intervention with information gathered on the impact of what other people noticed. Information gathered from parents, teachers and the children themselves at pre-and post-stages would have made the research more robust. The adoption of a mixed method approach does open the research to some challenge. The desire of mixed methods to build a holistic picture of a research area reduces the opportunity for interventions to be directly compared to an alternative, which would provide a more rigorous evaluation. There is less scope for the research to explore the validity of the intervention, as without the comparison group it is difficult to conclude the findings are a direct result of the intervention, rather than external factors not controlled within the research.

Facilitating, developing and monitoring interventions demonstrate one aspect of how consultative approaches can be used to create positive outcomes for children and young people. Seth-Smith et al (2010) completed a quantitative investigation into the changes in social, emotional and behavioural functioning in children who had been placed within a nurture group at school for a five-month period. Part of the rationale for completing this study was to review the impact of nurture group provision on improving children's social, emotional and behavioural functioning. Seth-Smith et al's (2010) research also indicates a need to establish an evidence-base for nurture group provision as a large number of schools have invested substantially in this type of approach. The research attempted to explore the specific features of social, emotional behavioural difficulties, which are addressed within the groups, through reviewing individual subscales of the assessment tools.

Seth-Smith et al's (2010) research adopts a positivist stance by controlling a wide number of variants to ascertain the effectiveness of the nurture group intervention. The research is focused on gathering objective and measurable data to establish the effectiveness of the nurture group interventions. It therefore assumes that the information collected can be generalised and replicated elsewhere as it is value free. A

non-randomised pre-test/post-test design was used to compare 10 schools that ran full-time nurture group interventions. 5 schools were selected to represent the control groups based on an attempt to match the two groups. Teaching staff completed: the Strength and Difficulties Questionnaire, the Boxall Profile Questionnaire, and reported academic achievement scores at pre-and post-stages to measure outcome variables.

The mean age range of the participants varied from 4 to 8 years old with a mean age of 5 years and 9 months. An effort was made to match the two groups in terms of gender and ethnicity. Despite an attempt to match both the intervention and control group, some variation remained. The children tended to be younger, with substantially lower academic levels at the point of recruitment. Although this variant is factored into the statistical analysis, it is still important to bear in mind developmental factors that could influence the outcomes reported in this study; for example, younger children may have picked up the social skills taught within the nurture group setting as part of their general development.

Linear regression was used to identify the individual subsections of the outcome variables used as it enabled the researchers to detect more subtle changes in the subsections of each participant's outcome variables when compared to completing an Analysis of Variance. Mixed effect linear growth curve models were created for all outcome variables using a multilevel mixed effects linear regression.

The results of Seth-Smith et al's (2010) study indicate that nurture group interventions improve children's social, emotional and behavioural functioning. Significant improvements were found in terms of overall social, emotional and behavioural functioning and total scores of the SDQ. There was some variation within the SDQ subscales, with significant outcomes reported on the hyperactivity, peer problems and pro-social subscales, but not on the emotion and concept scales. The results of the teachers' rating of general academic progress indicate that the nurture group children progress significantly more than the comparison group. It is important to note the possible risk of condition related bias as the teacher rated measures were collected from nurture group teaching staff who have invested a substantial amount of time and effort to implement this intervention; they may also need to demonstrate their effectiveness within the school.

The significant results established in Seth-Smith et al's (2010) research need to be reviewed cautiously to account for the limitations of comparing an intervention to a control group which did not receive any other form of intervention. A more robust conclusion could have been reached if the nurture group intervention was compared to another intervention as this would have reduced the number of compounding variables and enabled a like-to-like comparison to have been made. It is difficult to control and make allowances for the wide range of differentiation that occurs in nurture group settings which begs the question, what is it about the nurture group that works? Are significant improvements in academic progress the result of being taught within smaller groups? Are children behaving better because they are spending more one-to-one time with adults? Is it the ethos within the nurture group and the way teachers treat the children that make a difference? Within Seth-Smith et al's (2010) research, it is assumed that the children presenting with difficulties are doing so because they have not learned the appropriate social skills. Are social emotional difficulties simply the result of not being taught socially rewarding behaviour, or are our relationship issues more complex? It would have been interesting to gather information from the parents of the children in the two groups to establish if the skills taught in this group had a positive impact on the child-parent relationship at home. I wonder if the parents had noticed any difference since their child started attending the group? This type of information is more difficult to establish when completing research guided by a positivist epistemological position, which tends to be more focused on outcomes rather than establishing what facilitated the outcome.

By exploring the issue and effectiveness of nurture groups from a systemic stance, could the research on nurture groups be highlighting a need for schools to develop a more nurturing ethos towards learning, with a greater emphasis placed on the importance of developing strong emotional relationships? The issue regarding the length of time needed for nurture groups to be effective possibly highlights a more systemic element. Seth-Smith et al (2010) comment that previous research (such as Cooper & Tiknaz, 2005) indicates that nurture groups need to be established for over two years before they become fully effective; however, in this research project children are normally placed in a nurture group for two terms. I wonder if the culture and ethos in a school is influenced when a nurture group becomes established?

Further research into the effectiveness of nurture groups was conducted by Sanders (2007), who evaluated the effectiveness of a number of nurture group projects in three Hampshire schools. The Local Authority invited schools to bid for involvement in the project, as funding was received to develop nurture groups. Participating schools received regular support from an EP as part of the project. A mixed methods paradigm has been adopted for this research. Qualitative data was collected through a pre- and post-questionnaire design methodology using the Boxall Profile Questionnaire (Bennathan & Boxall, 1998). A number of t-tests were completed to establish pre and post intervention change and assess the progress made by individuals who attended the intervention compared to a control group.

Sanders' (2007) research consisted of a number of smaller projects with separate research questions. A small pre and post experimental design study was completed with 26 reception and Key Stage 1 children, including a comparison control group, using the Boxall Questionnaire. The nurture group consisted of 17 children. The control group was made up of 9 children from a comparison school. Academic gains in 19 reception and Key Stage 1 children, who participated in a nurture group in three different schools, were explored. A number of t-tests were completed to establish pre and post intervention change and assess the progress made by individuals who attended the intervention, compared to a control group. The qualitative data was collected through a number of interviews with children (7), teachers (29) and an unstated number of parents. Naturalistic observations of the children in the nurture group were conducted each term to support the interview data. The interviews explored issues such as children's perception of themselves, whole school impact of nurture groups, parents' views of the intervention, and teacher evaluation of having nurture groups in their school. The specific methodology used to analyse the qualitative data was not specified. As a result, the study lacks transparency of how themes from the data were derived which questions the validity of this study.

The results suggest nurture groups aid children to stay within mainstream schooling. Significant gains in social and emotional behaviour were found in children who attended the group; these improvements were significantly better than the comparison group. Greater academic progress for nurture group children was also reported. On closer

inspection, the Boxall Profile Questionnaire indicates a number of areas that did not change as a result of the intervention. Issues regarding: self-negating, attachment, negativism towards others and negative behaviours, such as grabbing, remained areas of difficulty. It could be argued that these areas are fundamental to the principles that drive the development of nurture groups within schools. The qualitative analysis suggested the school ethos appeared calmer with fewer behavioural incidents. Parents' reported that their children appeared more confident and enjoyed attending school; however, it is unclear how many parents were interviewed as part of this process.

On first inspection Sanders' (2007) study appears to offer a comprehensive review of the impact of nurture groups in schools. Data is gathered from a wide variety of people involved and incorporates quantitative and qualitative analysis. There are a large number of research questions linked specifically to a number of individual studies. The main difficulty with this type of approach is the limited sample size for each element reviewed, particularly for the control study. The sample used for the control group was very small, with some gender ratio inconsistencies. A number of pre and post evaluations were completed, which indicated a significant change as a result of the intervention. It is important to interpret these results with care as they do not account for maturation and struggle to control external influences.

Another interesting aspect of consultation is the process of capacity building which can occur through EPs providing training to children's services (Kelly, Woolfson & Boyle, 2008). Burton (2008) describes an educational psychology services' development of a training programme to support and empower learning support assistants (ELSA) to address the emotional needs of children in school. Sanders (2007) reviews a small number of pilot projects which have been extended to a countywide initiative across primary and secondary phases of education. The ELSA initiative is designed to provide more intensive support for individual or small groups of children to enable them to manage some of the social and emotional difficulties they face.

The research documents the narrative of the ELSA intervention from its inception to its current state and reviews the evidence-base that has developed. Descriptive statistics were used to establish the outcomes of the questionnaire. For the outcome-based study, the *Pupil Attitude to Self and School* (PASS) (W3 Insights, 2002) was used to look for



changes in individuals following the ELSA intervention. Existing studies have been collected and reviewed, with outcomes discussed and built upon, to establish a more secure evidence-base for ELSA intervention. The outcomes from a number of ELSA interventions are discussed, which include both qualitative and quantitative data used as part of the evaluation.

The number of schools who have opted into the training has grown rapidly, indicating a growing demand for this type of intervention. Since its inception in 2003, the cumulative total of schools involved in the initiative has risen to over 300. The review of the 22 schools that participated in the research concluded that this approach was generally well received by schools with ELSAs reporting positive feedback from pupils. Schools seem to appreciate the close supervision and access to an EP. A small scale, repeat measures research was completed looking at the effects of ELSAs led interventions. Five pupils in a junior school age 7 to 8 years received a group intervention and one 11-year-old boy completed some individual work. The outcomes of the PASS indicate some general improvements were observed.

The ELSA intervention offers an interesting framework for addressing social, emotional and behavioural difficulties of children in school. Burton (2008) has completed a number of studies looking into the effectiveness of this intervention that has been collated and reviewed within Sanders' (2007) article. It is difficult not to recognise the huge personal investment in time and effort she has contributed to this project, which in turn could subject it to research bias. Therefore, more detailed research is needed that focuses on measuring the outcomes of a large sample of students who receive support through the ELSA initiative. Without further research that clearly measures the effectiveness of this intervention, it is difficult to establish equality and future potential of this type of initiative.

Consultation and the development of indirect methods of working with children and young people can take many shapes. This type of approach can be useful for reviewing how systems can change to meet the needs of children, especially if the issue is re-occurring. Hart (2009) focuses on the social and emotional needs of refugee children and young people who have experienced a wide range of traumas. A case study vignette and a review of the literature is used to explore the effects of trauma on the education of

child refugees. In keeping with social constructionism, Hart (2009) uses a case study to incorporate inductively individual experiences towards more general issues in an attempt to establish a future way of meeting the needs of this group.

The research arose as a result of casework completed by the author as part of his professional practice. A case study vignette has been used to detail the work completed. A literature review relating to the experiences of children and young people who have undergone trauma as a result of being refugees has also been completed to complement the vignette.

Hart's (2009) paper indicates the need to adopt an interactionist/ecosystemic stance when dealing with children who have experienced trauma as the difficulties associated with these experiences can impact on many different areas of a child's life. The paper emphasises the importance of focusing interventions across a number of different levels of the system to meet the various needs of the child. The impact of trauma has been mapped out to consider environmental, biological and physical, cognitive and effective, and behavioural aspects that can affect a child refugee. The paper suggests that the trauma experienced by a child does not necessarily stop once they have relocated to a country of safety. The relocation to a country of safety in itself presents families with further traumatic experiences, such as housing, school relocation, unemployment and poor living standards. The article presents an interesting overview of the complexities associated with trauma and child refugees. The involvement of the EP was brief and limited. The depth of the case study is questionable as it sets the scene for a review of the literature rather than providing a detailed overview of how EPs could work with this type of issue. A constructivist approach using a detailed case study provides a comprehensive narrative of an individual's experience, which in this account has been further supported by literature. This type of research is very informative, however, it is very difficult to draw any firm conclusions and to make generalisations from the findings, due to the specific nature of the account.

Hampton et al (2010) completed a study looking into the effectiveness of Rtime in 21 educational settings with 148 school age participants from foundation to Key Stage three (age range 4-14). The aim of this study was to evaluate the effectiveness of Rtime by addressing relationships, bullying and enjoyment at school amongst children of

different ages, abilities and social and economic areas in an attempt to add an evidence-base for this intervention. This research appears to have adopted a positivist stance, where the researchers have attempted to gather objective and measurable data by controlling a wide number of variants, to ascertain the effectiveness of the group intervention. It therefore assumes that the information collected can be generalised and replicated elsewhere as it is value free.

Hampton et al (2010) adopted a mixed methods design for their research. The intervention was analysed statistically through a repeated measures design with a locally designed questionnaire being used at pre-and post-stages. The qualitative data arose from short unstructured conversations with key people in each school. All participating schools voluntarily registered their interests in this intervention at a local educational conference. Each school was required to randomly select up to 10 children from across the school to take part in the pilot. The mean age of the children is approximately 7 years old with a roughly even gender sample.

The pre-and post-data was summarised using descriptive statistics and frequency tables; it was then analysed using the Wilcoxon signed rank test. Only specific items in the questionnaire were used as part of the assessment. Thematic Analysis was used to analyse qualitative data collected from the key link person at each school. The findings of this article suggest that Rtime made the greatest impact on developing children's relationships and friendships. To a lesser extent, the intervention positively impacted on bullying and enjoyment of school although it was felt that the intervention needed to be implemented at a whole school level to increase its effectiveness. The information gathered through the qualitative component illustrates the impact of Rtime more effectively than the questionnaires.

It is difficult to establish the effectiveness of an intervention when it is not possible to make a comparison to a control group or an alternative intervention group. Limited controls are put into place to ensure internal validity of the intervention, thereby enabling consistent replication between schools. It is unclear how participants were selected for this research and how the selection criteria remain consistent between all schools. The sensitivity or appropriateness of the questionnaire can also be challenged as some children found it difficult to complete. The research would have been

significantly more robust if a published questionnaire was used to establish the effectiveness of the intervention.

### 2.5.1 Summary of Consultative Approach and Group Interventions

Working at a consultative level to develop group interventions provides EPs with an opportunity to effect change for a larger number of children when compared to their capacity to work directly at an individual level. All the articles reviewed look to develop the capacity of schools to manage children and young people experiencing social and emotional difficulties. The importance of nurturing and developing positive relationships for children in schools and to promote a supportive and understanding learning environment to enable children to reach their potential are consistent themes throughout the articles. The range of interventions highlights the diverse opportunities for EPs to engage in creative project work. It displays the range of skills EPs possess to help develop, facilitate, evaluate and report the outcomes of interventions.

Some of the research articles are not overtly clear on explaining the role of EPs within these projects. It would be useful to have more details about the exact nature of EP involvement within the projects and clarify vague terminology such as ‘regular support’ and consultation. What are EPs actually doing to contribute to the projects? How is this support received and evaluated? What skills are required and what psychological knowledge is used? For example, in Seth-Smith et al (2010) it is difficult to establish the exact nature of the role of the EP. Four of the co-workers are clinical psychologists working within mental health services, with the EP being a senior specialist — the exact nature of their specialism has not been identified. Nurture groups are by definition teacher led interventions, so it is unlikely that the EP engaged in any therapeutic type work as part of this intervention.

The limitations of EP involvement are more obvious in Hart (2009) with conflicting messages reported regarding the role of EPs in dealing with children who have experienced trauma. A wide range of interventions including therapeutic approaches are discussed, such as family therapy (Walzlawick, Weakland, & Fisch, 1974), group therapy (Bion, 1961), eye-movement desensitisation and reprocessing (EMDR) (Shapiro, 2001), play therapy (Klein, 1932) and art therapy (Hill, 1945); however, it is stated that these types of interventions are unlikely to be completed by EPs due to professional competency, time and resources, and judgments about the appropriateness. However, a

consultative stance is emphasised for EPs who could provide supervision to other professionals running programmes and interventions. What enables EPs to have the necessary skills to consult on these issues but prevents them from engaging in more therapeutic work?

Cullen and Monroe (2010) provide some clarity regarding the diverse role of EPs within their project, which included the implementation, management and evaluation of the intervention. The EP provided consultation services to this PRU and the football club throughout the intervention using a wide range of models such as humanistic psychology (Rogers, 1942), personal construct psychology (Kelly, 1991), solution focused brief therapy (de Shazer, 1982) and systemic theory (Von Bertalanffy, 1950). However, it would be useful to document exactly how these models were used and how they impacted on the development of the interventions. It would be helpful for the research to include an EP narrative to document the exact role of the EP in the project as this would help to inform professional practice and provide details of how other EPs could replicate similar projects in their areas.

## **2.6 Universal Whole School Approaches**

Working at a universal level falls into the three-waved approach to mental health and psychological wellbeing and is in keeping with an ecosystemic stance (DCFS, 2008; CAMHS Review, 2008). These interventions aim to provide a positive ethos that is supporting to all children, which will also benefit children with more significant mental and psychological wellbeing needs. Davison, Galbraith and McQueen (2008) document the process of introducing cooperative learning at a systemic level, to teach social and emotional skills to children in a mainstream primary school. The authors propose that cooperative learning integrates good social and communication skills through existing lessons and improves learning. The research documents a number of stages that needed to be completed to ensure the successful development and integration of cooperative learning, such as prerequisite skills training for children and INSET training for school staff.

The project was evaluated through a mixed method design. Quantitative data was collected through a questionnaire to gather staff views about cooperative learning. Qualitative data was collected through lesson observations to establish how cooperative

learning was used and through semi-structured interviews with 12 Year 3 and 4 children. Three teaching staff were approached to provide feedback on their perceptions of the implementation of co-operative learning in the school.

The observations of individual class teachers indicated that cooperative learning strategies had been interwoven into classroom teaching. A number of other observations were noted such as pupils appeared more willing to actively help each other and a reduction in the number of lunchtime incidents at the school. The outcomes of the qualitative interviews with children suggested an awareness of the principles of cooperative learning and the skills that are associated with this type of work such as active listening and working together. A number of teachers reported that children seemed to have developed their speaking and listening skills and appeared more confident. They felt that the children needed less direction or encouragement to work together. It was noted that this type of learning appeared to meet the needs of a wide range of pupils, who found traditional teaching methods more difficult. The quantitative data suggests that teachers have adopted a number of the principles and skills associated with cooperative learning within their teaching.

Davison, Galbraith and McQueen's (2008) study offers an interesting systemic approach to dealing with social and emotional difficulties within schools. The cooperative learning framework offers a positive approach to dealing with such difficulties as it is focused on developing the underlying skills of children to enable them to be more resilient and manage difficulties they encounter. The article details the implementation of a systemic approach rather than providing a strong evidence-base that indicates the effectiveness of this type of whole school systemic change.

Curtis and Norgate (2007) wanted to evaluate the Promoting Alternative Thinking Strategies (PATHS) curriculum which had been introduced to a number of schools. Five schools selected staff to attend a training session facilitated by an EP which was then cascaded through their school. The research adopts a positivist approach which is focused on measuring the effectiveness of the PATHS intervention. A pre and post experimental control design was used across eight schools to establish the impact of PATHS for children's social, emotional and behavioural problems.

Class teachers involved in the five PATHS schools completed the Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997) at pre and post stages. The three control schools used were to receive the training the following year; as a result, the individuals who attended the groups were not randomly assigned to either the intervention or control group. 287 pupils completed the SDQ (114 PATHS and 173 control). Semi-structured interviews were completed with 17 teachers involved in the PATHS project. A content analysis approach was used to obtain key themes that emerged.

Analysis of variance (ANOVAs) and paired t-tests were used to compare the mean pre and post questionnaire scores. The results of the ANOVA indicate that the change over time was significant between the two groups. However, a significant difference was found in the pre scores between the intervention group and the control group, meaning findings have to be interpreted with care. The results of the data analysis suggest that students in the PATHS intervention showed a significant reduction in all areas in the SDQ; the control group did not. This information suggests that teachers perceived the PATHS intervention to have a positive effect on social, emotional and behavioural difficulties. Teachers reported that the interventions developed knowledge of emotions and enable students to express how they were feeling. They felt students were more able to solve difficulties and work together, showing empathy and understanding.

Curtis and Norgate (2007) offer one of the more comprehensive and robust evaluations of an intervention. The sample size is good. Qualitative and quantitative data had been collected and support the conclusion arrived at individually. However, the data must be interpreted with care. The PATHS intervention is compared to a control group that received no intervention. A large number of factors could have contributed to the changes that have been reported. It is therefore difficult to conclude that the changes observed are directly related to the intervention alone. The significant difference reported between the intervention group and the control group according to the SDQ highlights a methodological weakness. Greater care should have been taken to try and match the two groups as this would have allowed a more comprehensive comparison.

Another example of EPs working at a systems level is highlighted by Hall (2010), who offers a whole school approach to support mental health and wellbeing by listening and

acting upon the views of children. The premise behind this research is that developing an environment that is informed by children's views will create an organisation that values an "individual's worth and allows him/her to grown personally" (Hall, 2010, p.333). It is argued that this type of environment is necessary for the development of good positive mental health for children and young people. Hall (2010) adopts an explorative framework, using a single case study, to explore the views of 18 children in Key Stage 1 and 2 who participated in four focus groups in a primary school. A Ten Element Map created by MacDonald & O'Hara (1998) was used as a framework to elicit the views of children about organisational factors that impacted on their mental health and wellbeing. Two EPs and a trainee EP facilitated this project. The information gained during the focus groups was gathered and used to guide an action plan for organisational change at the school.

The data obtained in the focus groups was collaboratively analysed by the EPs with key themes being identified in related to the main heading of the Ten Element Map. The specific nature of the methodology used is not specified, such as, Thematic Analysis or Discourse Analysis. The following themes were discussed with staff as a result of the focus group: i) Appreciation of the school environment, for example, use of the outside area and access to suitable equipment. ii) Adaptation of the rewards system, for example, have more than 'one star of the week' and praise children when they have managed to do things well – it was felt this was taken for granted at times. iii) Introduce adult led friends groups to talk about feelings and mange difficult incidents. iv) Being able to keep the dinner hall clean.

Hall (2010) concludes that the intervention has been successful and resulted in organisational change based on the views of the children involved in the focus groups. The author suggested that this is a useful intervention for EPs to complete as they are well placed and experienced to ensure the views of children are taken seriously. A possible limitation of this study is due to the small number of children involved in the focus groups as it is difficult to ensure that their views accurately represent the thoughts and feelings of their peers. The recruitment of children into the focus groups lacked transparency. Without clarity about how the participants were selected, it is difficult to ensure the findings hold valid for all the children at the school. The use of pre and post questionnaires to evaluate the project would have been useful to establish the impact of



the intervention. It would be interesting to see this research followed up with children, teachers and parents commenting on the impact of the changes.

Working at a systems level can often result in work to build the capacity of school and organisations through training. Boorn, Hopkins-Dunn and Page (2010) document a training programme presented by EPs to promote emotional wellbeing and a positive learning environment to 73 schools in Leicestershire. The key themes within the training focus on secure relationships and attachment, resilience, and the importance of a positive learning environment to develop children's wellbeing and readiness to learn. The training programme is based on the idea of applying the principles of nurture groups within mainstream classes and everyday classroom practice. The feedback for the training, which has been delivered since 2003, was gathered in two phases. Evaluation sheets were completed after the training by 98% of the participants, who evaluated the course highly (average rating of 4 out of 5). A three-month follow up questionnaire was sent to a sample of schools and received a 33% return rate. An analysis of the questionnaires looked at: how the course has changed the classroom environment; benefits to children's social, emotional and behavioural development; and improvements in adult-child interaction. The analysis indicated that feedback ranged from 3.4-4 out of 5.

Boorn, Hopkins-Dunn and Page (2010) document good feedback regarding the quality of the training; however, the impact of the training on improving children and young people's emotional wellbeing and learning is less clear. Some qualitative data from teachers who attended the training indicate that their schools have seen an improvement in pupils; however, there is a lack of data to support these comments. The training introduced a wide range of evaluation tools to be used in school, although this data has not been presented to support the observations of staff. This is apparently the first of three papers although it is unclear if subsequent papers will focus on a thorough evaluation of the effectiveness of the training. There needs to be a real focus on outcome measures to establish the impact of this training on schools, children and parents, which could incorporate qualitative, quantitative or mixed methodology. It would be useful for more information about what has changed in schools as a result of the training and how the training has been applied within a school setting.

### 2.6.1 Summary of Universal Whole School Approaches

The whole school approaches to addressing mental health appear to stress the relationship between positive mental health and good learning. Elements of these approaches can be linked to the concept of developing emotional intelligence by creating a learning environment that acknowledges the importance of relationships, modelling and developing the skills to work together. The whole school approaches place a significant emphasis on environmental factors within learning settings which is in keeping with a more ecosystemic model of understanding mental health and psychological wellbeing. The impact of whole school intervention is very difficult to evaluate because of the wide range of factors that cannot be controlled. It will be interesting to see the longevity of these interventions and the long-term impact on children's mental health and learning. The articles reviewed demonstrate that EPs have the skills and knowledge to work at a whole school level to effect systems change that could have a positive impact on the mental health and psychological wellbeing of children and young people in learning environments.

## 2.7 Overall Summary of the Research

The reviewed research varies in their epistemological positions, which impacts on the type of knowledge and methodology underpinning the projects. Each approach presents a range of strengths and some weaknesses, which impact on the overall evidence-base that is starting to emerge in relation to EP involvement with mental health and psychological wellbeing. Within the research included in this review there was a tendency to adopt a mixed methods framework for evaluating interventions, which included the collection of qualitative and quantitative data. It is argued that this type of study provides a more holistic approach when exploring an area of interest, as it reviews the effectiveness of interventions but also asks why (Johnson & Onwuegbuzie, 2004). This type of holistic approach does place strain on other aspects of the research project, as each phase is likely not to be explored in as much detail when compared to separate projects. Within the reviewed research the focus on mixed methods appears to have reduced the rigour of the positivist approach, such as comparing interventions with a control group. To incorporate a control group within a mixed methods approach is likely to significantly increase the scale of the research project and place significant time demands on the researcher. It could be argued that without supporting small-scale

research interventions with more large scale randomised control trials, the evidence base for EP interventions remains open to scrutiny and challenge.

## **2.8 Historical Content of EPs involvement with Mental Health**

It is important to consider the evolution of educational psychology as a profession and the potential impact of historical factors that influence EPs' practice and their understanding of mental health, as these factors guide and shape the focus and direction of research in the profession. The origins of educational psychology can be traced back to educational assessment to determine the placement of children to either mainstream schools or special schools, through the work of Sir Cyril Burt (Stobie, 2002). EPs started to work in child guidance clinics led by psychiatrists and worked alongside social workers. The role of EPs up until 1968 was medically led and focused on assessment and screening of children's academic abilities (Stobie, 2002). The 1968 Summerfield report was the first major government review that looked into the role of EPs and subsequently, refocused the profession's attention towards the significant impact of environmental and contextual factors. This shift in focus sought a movement away from the traditional 'within child' deficit model adopted by the medical clinics. The review created a vision of the EP as an agent of change utilising ecological approaches and systemic theory (Kelly, Woolfson, & Boyle, 2008). The historical changes within the profession are considered in more detail within the second literature review in the Discussion section.

The impact of political, social and professional ideologies remains prevalent within the profession, resulting in an eclectic mix of research, which is often diverse and polarised between ideologies. There is a strong force within the profession to adopt a consultative and systemic framework to guide how EPs should meet the needs of children and young people (Reess, 2008; Wagner, 2008). The following research demonstrates the profession's tendency to use a consultative approach when exploring issues relating to mental health and psychological wellbeing. The literature review includes a smaller number of papers with EPs working directly with children. MacKay (2007) highlights a number of mantras within the profession that document the desire of some aspects of the profession to distance themselves from therapeutic interventions and direct work with children. He links the professions apprehension to complete therapeutic

interventions with the historical association of individual work being focused on psychometric assessments underpinned by a child deficit paradigm.

## 2.9 Implications for Research

The articles reviewed demonstrate that EPs are involved in interventions located at different levels of a child's system to meet their mental health and psychological wellbeing needs. EPs can work in a diverse way to effect change and potentially have the skills and knowledge to intervene at the level that will make the biggest difference for the child depending on their need. There is a lack of clarity regarding the role of EPs when they do engage in work at any level (direct, consultation and whole school). It would be useful to have some more in-depth information about the actual work that EPs complete in relation to the different level of intervention. For example, it would be useful to establish how much direct therapeutic work EPs complete to clarify if the articles reviewed are the result of EPs with a specific interest and skill base, or if working in this manner is representative of the EP population as a whole. It is hoped that this research will shed light on the therapeutic practice of EPs in three southern local authorities.

More information is also needed with regard to consultation in relation to mental health and psychological wellbeing. Consultation at various levels has been a popular framework of practice for EPs as it enables their work to impact on a larger number of people (Kelly, Woolfson & Boyle, 2008). It offers a framework of practice for professionals under pressure with a large patch of schools and limited time to engage more deeply (Kelly, Woolfson & Boyle, 2008). The articles reviewed in this section demonstrated that EPs are able to provide consultations with learning settings to meet mental health and psychological wellbeing needs of children and young people. This research aims to explore whether consultation regarding mental health and psychological wellbeing is common practice for EPs, or whether this type of intervention tends to be focused specifically on learning issues.

The mental health and psychological wellbeing work at a systems level is interesting and requires further exploration. EPs have pursued systems work since the Reconstruction Movement led by Gillham in the 1970s moved away from individual casework and direct work with the child (Stobie, 2002). Historically, EPs have required teacher training prior

to entering the profession, thereby placing a large emphasis on learning. The whole school interventions tend to address the importance of ensuring good learning through addressing the mental health and psychological wellbeing needs of children rather than solely focusing on these needs alone. This research aims to explore if EPs do generally engage in work at a universal whole school level in relation to mental health and psychological wellbeing.

The aim of this thesis, through the quantitative phase, is to establish a clearer picture of the exact nature of EP involvement in dealing with mental health and the psychological wellbeing issues within three southern counties. From reviewing the research, EPs appear to become involved in a range of mental health and psychological wellbeing interventions, although the nature of involvement is somewhat mysterious, inconsistent and confusing at times.

## 2.10 Research Aims

As a result of the information obtained from the literature review, which explores the type of interventions and activities EPs are completing and publishing related to work of a mental health and psychological wellbeing nature, it was evident that there is a lack of information regarding the role of EPs working with issues in this area. Do the majority of EPs complete work related to mental health and psychological wellbeing? If EPs do, what form does this work take and what proportion of their casework does it represent? A number of research questions have been identified and outlined below, guided by the literature review and the aims of this research project, to explore the role of EPs in working with mental health and psychological wellbeing.

1. ***What is the nature of work EPs complete in relation to mental health and psychological wellbeing?*** This question links back to the three different levels identified in the literature about EPs' completed work. The aim of this question is to explore if EPs do complete work across these three areas, and if there is a specific level of working that is preferred.
2. ***What do EP interventions in mental health and psychological wellbeing constitute, that is, what model of service delivery guides this work?*** This question is linked to the nature of EPs work, although it is specifically interested in the length and depth of interventions. Do EPs tend to offer one off

consultations and brief interventions? Do EPs engage in more in-depth aspects of casework? Is EPs' involvement with this area of work linked to more ad hoc projects?

**3. How much time do EPs allocate to mental health and psychological wellbeing?** It is hoped that by exploring this area, the data obtained will highlight the amount of mental health and psychological wellbeing work that is completed in relation to more traditional work. This information will provide some insight into the level of priority that is assigned to this type of work by EPs and their services.

**4. What are the views of EPs regarding their involvement in working with mental health and psychological wellbeing?** Obtaining the views of EPs is important as this is an area that has not always been associated with their role. Do they feel they should be completing work of a mental health and psychological wellbeing nature? What are their thoughts about completing work in this type of area?

**5. What barriers prevent EPs from engaging in mental health and psychological wellbeing work?** It is important to explore issues that could currently prevent EPs from engaging in this line of work. There could be professional and service factors at play that prevent work of this nature being completed, or it could be that EPs do not feel that this is appropriate use of their time. This is an important area to establish clarity as such information could dictate the changes that are needed to enable EPs to engage in this type of work if they wished.

**6. In what way would EPs like to engage with mental health and psychological wellbeing?** Exploring this area will provide EPs with an opportunity to think creatively about how they could work in this area and what they would be doing if the barrier were removed.

### **3. Methodology**

This chapter will set out the quantitative and qualitative elements of this project to provide a clear understanding of their relationship and association with specific research areas. The concept of mixed methods research will be explored in relation to other paradigms and designs. The concept of Grounded Theory methodology will be reviewed with examples of the stages of coding that have been followed. Finally, the ethical considerations required to complete this research will be explored.

#### **3.1 Purpose of the Research**

This research has adopted an exploratory stance to investigate the nature of the work EPs complete in relation to mental health and psychological wellbeing. There appears to be some uncertainty regarding EP involvement with this area with individual EPs working in different ways, as evidenced in the research reviewed as part of the literature review. In many respects, the educational psychology profession is diverse in its practice, which has resulted in different interpretations of how EPs should work, whom they should engage with, and the nature of the difficulties they explore, creating varied practice across the country (DfE, 2011). Recent changes to the professional training route and the desire to broaden the focus of EP practice — a move away from SEN and learning — has introduced mental health and psychological wellbeing as a possible area of engagement. This research hopes to explore a small sample of the profession's view on completing work related to mental health and psychological wellbeing. Very little research has been published to provide insight into this area, so it is hoped this research will raise awareness and facilitate discussion within the locality regarding the role of EPs in relation to mental health and psychological wellbeing.

#### **3.2 Research Paradigm and Design**

The way researchers view the world and perceive how knowledge is generated impacts on the type of research conducted and how it is interpreted. It is the opinion of this researcher that the world is a complex place with life consisting of many interrelating

facets. Exploring each of these components provides some insight and knowledge; however, each individual aspect of a system is unable to account for the interaction of each component. In essence, viewing and understanding the whole system, no matter how complex, provides a more valuable insight into phenomena than exploring the individual parts in isolation. As previously stated, this research project has been guided by a critical realist's epistemological position. The ontology of critical realism accepts the concept of multiple realities, shaped by social, political, cultural and ethnic values that are constantly changing (Mertens, 2005). Critical realism accepts these limitations and acknowledges the complexity of studying people and society. To simply adopt a framework of research that has arisen from measurable and constant subjects, such as positivism, limits the quality and diversity of research within psychology and sociology. That is to say,

the nature of society as an open system makes it impossible to make predictions as can be done in natural science. But, based on an analysis of causal mechanisms, it is possible to conduct a well-informed discussion about the potential consequences of mechanisms working in different settings.

(Danermark, Ekstrom, Jakobsen & Karlson, 2002, p. 2)

Critical realism is underpinned by the principles of using abductive reasoning to draw together inferences, mechanisms and processes in order to postulate the explanation of a specific issue or phenomena. An essential component of research guided by critical realism is to establish the mechanisms that could be responsible for social phenomena and find suitable ways to understand and measure these issues (Danermark, Ekstrom, Jakobsen & Karlson, 2002). In essence, critical realism accepts the need to consider ontological and epistemological positions in research, but within a more open and flexible framework. It argues that theory should guide research rather than be strict methodological rules of how research should be conducted and as such, it accepts that research requires a wide range of methodologies to be used (Danermark, Ekstrom, Jakobsen & Karlson, 2002). That is, a 'one size fits all' approach does not necessarily fit all research.

There are similarities between critical realism and pragmatism which is the most common research paradigm associated with mixed methods (Mertens, 2005). Pragmatism has generally distanced itself from the ontological and epistemological debate as it sees this process as irrelevant, preferring to judge research on the effectiveness of its outcome rather than focusing on the rules and laws that govern what



is true and valid (Teddie & Tashakkori, 2003). The traditional conflict between qualitative and quantitative research has been fuelled by a desire for supremacy, which has resulted in a polarisation of research into two categories. Johnson and Onwuegbuzie (2004) stated that the continual focus on conflicting paradigms of research had detracted from strong similarities such as the use of empirical observations, constructing meaning from data and validating approaches. There are a number of similar fundamental concepts driving both research methodologies that could possibly be used in collaboration. The amalgamation of aspects of both approaches could provide a clearer picture of the desired research and address some of the weaknesses of each approach when used individually (Johnson & Onwuegbuzie, 2004). Critical realism is located along the continuum of positivism and social constructionism. This approach integrates both perspectives to work alongside each other (Kelly, Woolfson & Boyle, 2008). As Johnson and Onwuegbuzie state:

Today's research world is becoming increasingly inter-disciplinary, complex, and dynamic; therefore, many researchers need to complement one method with another, and all researchers need a solid understanding of multiple methods used by other scholars to facilitate communication, to promote collaboration, and to provide superior research.

(2004, p. 15)

This research accepts the existence of mental health that has been defined by historical and social factors. It could be argued that this research aims to empower and develop awareness of what could be perceived as a marginalised group, that is, people who suffer from mental health issues. The axiology of critical realism suggests that the researcher's values are critical to the research and directed by the desire to make a positive change (Robson, 2002). Ultimately, the aim of this research is to promote awareness of the role EPs can play when working with mental health issues. The methodological process of: retrodution, which describes the concept of deliberately going backwards due to the apprehension of establishing important information and clarifying a hunch, which may inform the development of a worthy theory; and abduction, which is associated with the concept of moving away from an inference to expand and explore further possibilities, will be guiding principles dictating the direction of the research. It is important to acknowledge that the data collected from EP interviews will invariably be impacted by the interpretation of the researcher, which will be influenced by the interaction with the participants. It is hoped that the observed inferences, mechanisms and processes used by the researcher can be used to postulate the role EPs play in working with child and adolescent mental health and psychological

wellbeing. Hopefully this process will help facilitate debate on how to develop pathways for EPs to engage in more mental health and psychological wellbeing interventions.

Why should EPs engage in more mental health and psychological wellbeing work? This question links back to how we view the work and accept how knowledge is generated. There are many different services that specialise in a particular area of a child's life such as Education, Social Care and CAMHS. It would be very pleasing if the difficulties children faced fell into distinct boxes that did not transcend into other areas. However, life issues cannot be de-compartmentalised, as issues in one area are likely to impact in another area, for example, the association of special educational needs and mental health issues (Meltzer, Gartward, Goodman & Ford, 2000).

### **3.3 Mixed Methods Design**

This research has adopted a mixed methods parallel design consisting of a quantitative survey and qualitative interviews. The qualitative and quantitative elements of the research ran simultaneously during the data collection phase, with the results being drawn together during the final analysis of the research. The rationale for selecting this type of design was with the aim of providing a more holistic picture of EPs involvement with mental health and psychological wellbeing. The quantitative phase of the research has been used to set the research within a context; to provide more general information about what a larger sample of EPs are publishing at a national level; and to meet the mental health and psychological wellbeing needs in children and adolescents.

A larger weighting has been attributed to the qualitative phase of the research compared to the quantitative phase. The data gathered during the interviews have helped to flesh out the details highlighted during the quantitative phase. By following the process of Grounded Theory, this phase of the research aims to develop an underlying theory regarding the engagement of EPs in mental health and psychological wellbeing work with children and adolescents.

It is the opinion of this researcher that the data collected from each phase of the research will help paint a more detailed and informative picture of the area being explored in this research. The quantitative phase looks at the 'how' element of the research (e.g. how many EPs engage in this type of work), whereas the qualitative phase



### 3.4 Quantitative Phase

An initial questionnaire was developed to ascertain the number of EPs who feel they complete work of a mental health nature (see Appendix 9.1). The questionnaire explored the various levels that EPs work at and the nature of the interventions they complete. An electronic questionnaire was sent to approximately 72 EPs in three southern counties. The questionnaires were distributed electronically via the Principal Educational Psychologist of each service. All participants had the option of completing the questionnaire electronically and emailing a return or printing a copy of the questionnaire to return via post. The aim of the questionnaire was to establish an overview of the nature of EP engagement with mental health and psychological wellbeing. Questions focused on the type, quantity and length of mental health work that EPs completed.

Questionnaires are a useful method, compared to focus groups or interviews, for collecting data from a large sample of people. However, there are a number of limitations that need to be considered when using a survey design. For example, when using a questionnaire you are reliant upon an individual's self-reporting, rather than being able to directly observe the phenomena under investigation, which makes the data harder to validate (Mertens, 2005). The type of data collected in questionnaires can be limited and people often find it difficult to answer the questions within the parameter set, as answers do not always fall within the categories given. The collection of data can prove difficult, with return rates averaging around 40 percent (Mertens, 2005). Due to the nature of how EPs work, they may find it particularly difficult to account for how they spend their time. It is hoped that many of the difficulties associated with the survey design research will be minimised as it is located within a mixed methods design.

Frequency and descriptive statistics will be used to report the outcomes of the survey data. The questionnaire is designed to allow comparisons between different groups, for example, EPs with a specialism or generic EPs.

### 3.5 Qualitative Phase

A number of interviews will be conducted to discuss the role of EPs in relation to mental health and psychological wellbeing. The interviews will cover the following areas:

- The nature of work EPs are currently completing;
- Identified barriers preventing EPs engaging in this work;
- How EPs would like to engage in mental health and psychological wellbeing work.

It would be very difficult to gather this type of information through another form of data collection as EPs are a diverse group who have various backgrounds, interests and interpretations of how the profession should work. Using questionnaires to collect this type of information would not be appropriate as it is difficult to gather depth of knowledge and places a large responsibility on participants to respond in detail. It would be difficult to create a sensitive questionnaire that can be easily applied to all participants. Focus groups were considered as this would possibly have provided a more in-depth understanding of the issues at hand since the interaction between group members can often provide additional insight (Mertens, 2005). However, the pragmatics of using focus groups with EPs also posed a significant difficulty. EPs tend to have busy schedules and often work in disparate geographical locations which would make the logistics of organising a group appointment difficult, for example, establishing an agreeable time, date and location.

This phase of the research adopts an explorative approach to the issue of EPs involvement with mental health and psychological wellbeing. A wide range of methodologies would have been appropriate for this research as it aims to explore the narratives of EPs to shed light on a specific area of practice. For example, Interpretative Phenomenological Analysis (IPA) offers a set of guidelines to explore the lived experience of participants to establish their perception and meaning of a phenomenon (Giorgi & Giorgi, 2003; Smith, 2004). The use of IPA would have changed the focus of this research as it explores the subjective experience of the person being interviewed (Mertens, 2005). Therefore, the research would have shifted towards gathering the *EP's experience* of completing mental health and psychological wellbeing work. Thematic Analysis is another methodology that could have been used as it offers a more flexible approach that is not tied down to a specific theoretical perspective (Braun & Clark, 2006). Thematic Analysis is similar to Grounded Theory as it seeks to identify themes or meaningful units of data from the interviews to generate an understanding of the phenomena being explored; however, within this approach the researcher generates the

themes that emerge and can heavily influence the direction of the study (Braun & Clark, 2006). The paradox presented with Thematic Analysis is that the flexibility of the approach is a particular strength yet it is also its main weakness as the validity of the research can often be challenged due to the heavy influence of the researcher. Within this research project, it was felt that this type of approach posed a greater danger that the researcher's opinions and beliefs would guide the research and not provide a representative understanding of the role of EPs working with mental health and psychological wellbeing.

Grounded Theory was identified as the most appropriate methodology to guide this thesis. It offers a clear and transparent approach to analysing data, and therefore challenges some of the concerns normally associated with qualitative research approaches, for example, validity. The process of analysis is broken down into clear and simple steps, which insures the data collected and the emerging theoretical concepts are robust. The process of Grounded Theory provides emerging theory that is grounded in the data collected, providing a framework to reduce the bias or beliefs of the researcher imposing in the findings of the research. Mental health and psychological wellbeing is a relatively unexplored area of research within educational psychology, therefore, there was no clear direction to follow in the research. Grounded Theory is a useful approach for new research as the emerging concepts indicate the direction for the research to continue. As Henwood and Pidgeon explain:

Grounded theory studies are often prompted by quite general research interests at the outset. These might include identifying the actor's views or perspectives on the topic or investigating process of phenomena of interest was in with their local contexts and settings, and from there and driving at insights and explanatory schema this are relevant to (quote "grounded in") real-world problems, a previously unreleased search topic area, or both.

(2003, p.5)

### **3.6 Grounded Theory and Procedure for Data Gathering**

The methodology adopted for the qualitative phase is Grounded Theory, which is clearly informed by the critical realist perspective guiding this research. Barney Glaser and Anselm Strauss developed Grounded Theory during research exploring the impact of death in hospitals for patients on professionals (Glaser & Strauss, 1967; Glaser, 2002; Glaser & Holton, 2004). Glaser and Strauss (1967) collected, analysed and shared detailed discussions and observations of patients and medical professionals. As a consequence of this approach, Glaser and Strauss (1967) developed a systematic

methodological strategy that has become prevalent in research of individual experience and the exploration of social meaning to phenomena.

### 3.6.1 Role of the Researcher (Theoretical Sensitivity)

The role of the researcher in Grounded Theory requires determination to remain analytically distant and allow the data to emerge. Glaser and Strauss (1967) comment that there is a need to tolerate a feeling of confusion and trust in the process as conceptual emergence will occur within the data without the need to be influenced by preconceived ideas and beliefs. The process of collecting data and analysing the content needs to be simultaneous to facilitate the emergence of a theory grounded in the real world experiences of the people involved. To ensure this process evolves, the researcher must be able to provide theoretical insights into the data by remaining open-minded and make abstract relations between the themes that emerge in the data (Glaser, 2004).

Glaser says:

In the GT researchers listen to the participants pressing issues rather than encouraging them to talk about subjects of little interest. The mandate is to maintain open to what is actually happening and not to start filtering data through preconceived hypothesis and biases is to listen and observe and thereby discover the main concerns of the participants in the field and how they resolve this concern.

(2004, p. 11)

The *theoretical sensitivity* of maintaining the fine balance between: i) remaining open-minded and allowing the theory to emerge from the data which is grounded in the participants experiences rather than the researcher's preconceived hypothesis; and ii) the need to develop theoretical insights through establishing common themes and relations; is often described as an area of contention and friction that has left some authors to establish a new constructivist interpretation of Grounded Theory. A constructivist revision of Grounded Theory has been proposed by a number of authors (Charmaz, 2006; Henwood & Pidgeon, 2003) in an attempt to try to address what has been coined the 'dilemma of qualitative methods'. Hammersley (1989) labelled the *dilemma of quantitative methods* in relation to the paradoxical problem of trying to balance the need for scientific process and realism with the creative and interpretive process of the researcher in generating theory. On the one hand, Grounded Theory requires the researcher to distance themselves from the process and avoid inserting any preconceived ideas; while on the other hand, the researcher is required to generate a theory. So whose agenda is being followed? Glaser (2002) critically attacked the concept of Constructivist Grounded Theory suggesting that it is an attempt to align Grounded

Theory with qualitative data analysis, which proposes the need to obtain accurate descriptions to solve research problems. Glaser (2002; 2004) suggests that Constructivist Grounded Theory provides a watered down approach, which renders the process ineffective and makes generating theory impossible. He argues:

Data is always suspected as bias, subjective not objective, untrue, poorly interpreted, bad or contaminated and otherwise distorted and suspect...This critique is moot for GT as GT produces abstractions not descriptions. Distortions are just more variables to conceptualize and make a part of the analysis... to be relevant distortions must earn their way into the theory as they are conceptualized. GT reduces a distortion to the theory depending on what theory is emergent and how relevant it is to the theory as another category or property of it.  
(2006, p.4)

Glaser's Grounded Theory, rather than the Constructivist interpretation, has been chosen for this research, based on the central argument that Classical Grounded Theory is focused on abstracting information directly from the data through the constant comparative method. Due to the researcher's background in Mental Health, it was felt that adopting the Constructivist Grounded Theory it would be more difficult to manage the bias or possible contamination of the researcher's opinions. It was felt that the process of co-constructing meaning, with the researcher being more actively involved in the process would weaken the concept of the constant comparative method; as a result, this would subsequently impact on the validity and reliability of the research.

In keeping with Glaser's Grounded Theory the researcher should not try force to the data to fit a pre-assigned idea or concern. Glaser stated the importance of trying to enter the research setting with as few predetermined ideas as possible as the "research problem and its delimitation are *discovered*" (2004, p.11). It was felt that this concept within Grounded Theory complemented the researcher's current stage of training and awareness of the profession. As a trainee educational psychologist, the researcher is fairly new to the profession; as a result, a shared journey of discovery was embarked upon, with insights within the research aiding the understanding of the research regarding the profession he was due to enter. However, there are some demands when completing research at university which make it difficult not to consider some ideas regarding the research. Within a doctorate programme there is a need for students to demonstrate appropriate planning which often requires thought about the impact of the research. It is very difficult not to have some thoughts regarding possible hypothesis as research proposals and presentations have to be completed. This type of process makes

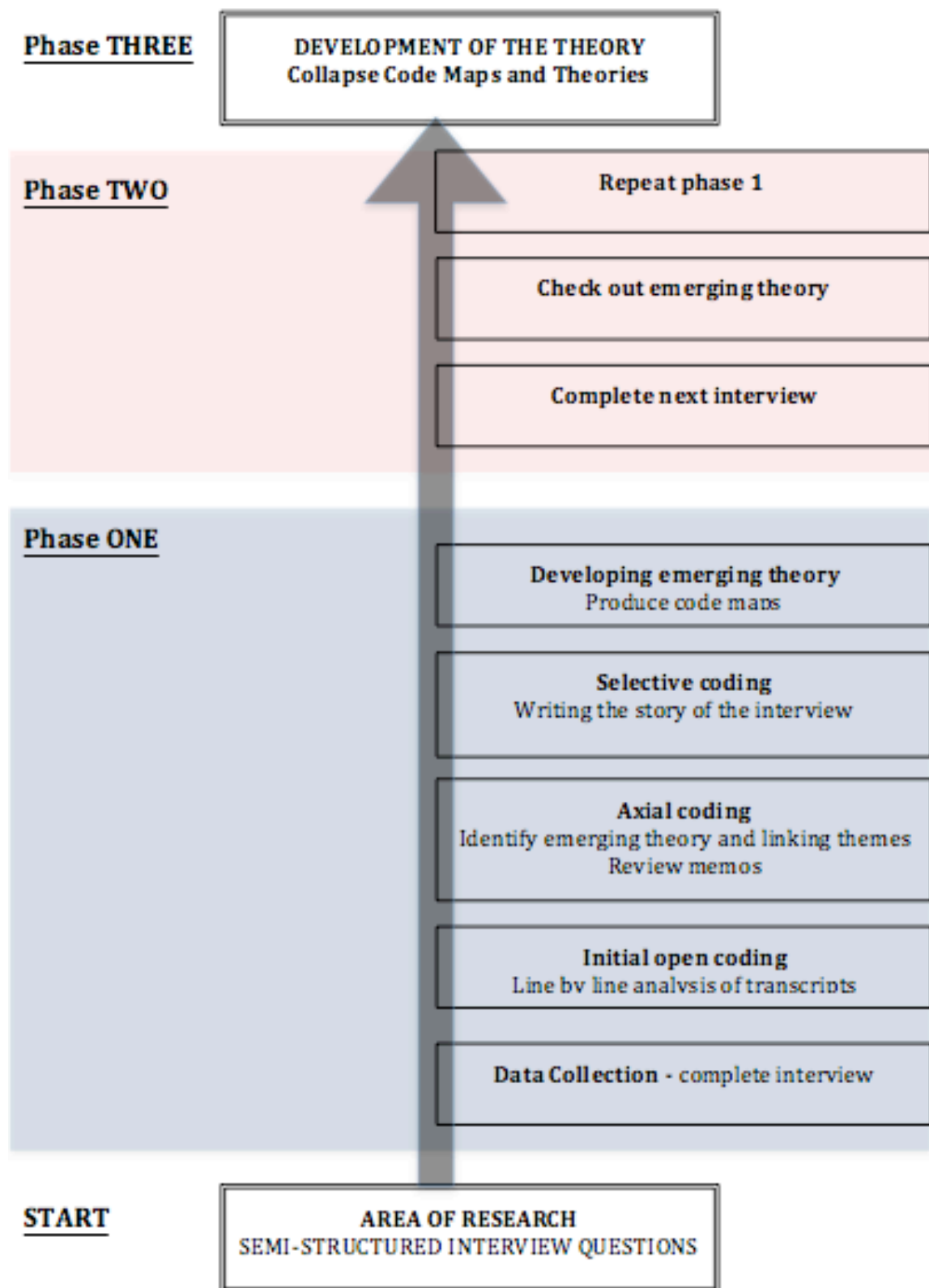


it difficult to tackle an area of research without some possible hypotheses which the researcher needs to be aware of as part of their reflectivity. Inevitably, as this is an area of research that has been selected, there has to be some previous interest which the researcher needs to be aware of and manage appropriately; being self-aware is an important first step. Grounded Theory recommends the use of memos to maintain and monitor the relationship between the research and the emerging theory. Writing a memo allows the research to make a note of thoughts, feelings and ideas that relate to hypotheses and about the data and the emerging theory. Writing a memo and reflecting on the data collected is parallel to the data collection and central to the process of generating theory.

### **3.7 Grounded Theory Process**

Grounded Theory offers a detailed procedure for completing research that is broken down into clear simple steps to facilitate the emergence of theory grounded in the data. The following steps have been followed:

*Fig. 4 Grounded Theory Process Used*



*Source: adapted from Strauss & Corbin (1998)*

### 3.7.1 Literature Review

Grounded Theory is not restricted by the need to complete a literature review prior to collecting data (Glaser & Holton, 2004; Glaser & Strauss, 1967). By completing a detailed literature review prior to collecting the data, it is suggested that researchers are more likely to force preconceived notions of the problem rather than allowing solutions to emerge from the gathered data. To respect the principles of Ground Theory, the initial literature review completed will focus on the quantitative research questions of this project, which will provide a general overview for the reader and set the scene for more detailed exploration in the qualitative phase, through the use of Grounded Theory. Further exploration of the literature will occur once the theory has started to emerge and concepts have developed. Linking the emerging theory to the literature will form a significant part of the discussion in Chapter 6 of the research.

### 3.7.2 Participants and Theoretical Sampling

Through the process of purposeful sampling, six EPs were interviewed to complement the information obtained from the quantitative data survey, that is, eliciting the views of EPs who engage in mental health interventions. A target of eight EPs was initially indentified as a more appropriative number of participants in discussions with the research supervisor and reviewing the sample size used in other research articles. The issue of participant recruitment is reviewed in Chapter 6. A key component of Grounded Theory is theoretical sampling which is a process of generating an emerging theory that is dependent upon the data collected (Glaser & Holton, 2004). A key principle underpinning studies adopting Grounded Theory research is the acceptance that the research is an evolving process which is guided by the data that is collected (Mertens, 2005). Using Grounded Theory does pose a number of problems for the researcher; for example, it is not always possible to follow the exact direction of the research or interview individuals who are most suitable through the sampling process as they may not be available or willing to participate in the research.

Bearing the principles of Grounded Theory in mind, the initial interview was conducted, coded, and analysed to inform the direction of the research. The information obtained through the initial interview dictated the sampling process.

The personal details of the participants, such as name, age and gender have been changed to maintain confidentiality. Pseudonyms have been used to make the research more personal.

The interview started with James, a Senior EP who manages a team of EPs and specialises in social, emotional and behaviour difficulties. He is a vastly experienced EP who has worked in a number of local authorities over the last twenty years. Based on the information collected in the interview and following the principles of purposeful sampling, Nicole was selected for the next interview. Nicole is a well-established main grade EP who has a specific interest in therapeutic work, which she has pursued over the last 7 years. She has completed additional therapeutic training and regularly engages with therapeutic work with the CAMHS service. The next interview focused on Ava, an EP who was running the local TaMHS project. She is a senior specialist EP who has been qualified for over ten years. Ava was selected at this stage to compare her experience of completing mental health and psychological wellbeing work as part of a designated project with her experience of completing this work as part of her typical EP role. It was felt that this comparison would usefully develop the previous data that had been completed. Dylan, a relatively new EP who has entered the profession through the new doctoral training, was selected for the next interview. He has embarked on his first fully qualified EP post within a Local Authority, since completing his training in the summer. The aim was to explore his training and beliefs about the role of EPs in working with mental health and psychological wellbeing. The next interview took place with Bella, an integrated service manager who is responsible for looking after a community CAMHS team and the EPS. Bella has been qualified for over ten years and worked in a number of Local Authorities. She is recently new to the integrated service manager's post, which has been created due to service changes. The final interview was completed with Val, an experienced main grade EP who has worked in a clinical context before training as an EP. She has over ten years worth of experience and has worked in a number of different services throughout the southern region. Val also has training in an approach that has recently been identified as a good intervention for working with families in relation to promoting positive mental health and psychological wellbeing.

An example of the process of purposeful sampling is shown below in an extract from the second interview, which explains why I have interviewed Nicole a main grade EP for my second interview.

*Fig. 5 Example of Theoretical Sampling*

*OK so the rationale behind the interview is that I spoke to (interview 1) and kind of picked her brain at a senior kind of management level and from that interview I was interested in finding out what the experiences are from a main grade EP and what their views are with regard to what they feel they should be doing and what they are able to do. So what's your view on the role of the EP in the field of mental health?*

*(Nicole, EP, line 10)*

### 3.7.3 Constant Comparative Method

The constant comparative method forms the backbone of Grounded Theory and enables the development of a new theory that has been subjected to multiple comparisons and asks questions of the data. The reciprocal nature of collecting data and analysing challenges typical assumptions that see data collection and data analysis as two separate processes (Charmaz, 1995). It is through a number of cycles of collecting and analysing data that categories of data start to emerge and a theory starts to develop.

*Fig. 6 Example of Checking Emerging Theory*

*That's very interesting because that is one of the concepts that has emerged... some confusion or issue around the different tiering that does exist in mental health and where the EP fit s in around that... put that idea kind of being on a continuum is something that has kind of... (Interview 5, line 55)*

*This is the first service that I've visited where they have the EPS and the community can team working together... and one of the themes that has emerged... was that there was almost at issues around the boundaries around the associated with which service... is also issues around EP is possibly being conscious of mental health and whether people within CAMHS worked under a medical model and possibly this distracted from interest in working in the area... (Interview 5, line 238)*

### 3.7.4 Theoretical Coding

This process forms the foundation of Grounded Theory. The data is analysed and coded through the process of the 'constant comparative method' to gradually develop

theoretical categories that will help explain the phenomenon being explored. Glaser and Holton explain:

The code conceptualizes the underlying pattern of a set of empirical indicators within the data. Coding gets the analyst off the empirical level by fracturing the data, then conceptually grouping it into codes that then become the theory that explains what is happening in the data.

(2004, p. 12)

### 3.7.5 Open Coding

Each data analysis starts off with line-by-line open coding of the data, with the researcher watching for categories emerging for the data. It is through open coding that the researcher can identify the direction of the research, which helps inform theoretical sampling. Coding line-by-line helps validate the data to ensure that only the most pertinent categories that have emerged are used and remain grounded in the data that has been collected. An example of Open Coding is provided in the appendices (see Appendix 9.2). A wide range of possible emerging theories are coded initially

### 3.7.6 Axial Coding

Axial coding provides the first step towards theory building (Glaser & Strauss, 1967). The researcher reviews the emerging theory from the open coding process to establish commonality. Open codes identifying similar issues are drawn together to form a possible category of emerging theory. Each axial coding provides a possible line of enquiry that could be used to establish an overall theory which is grounded in the data collected. An example of Open Coding is provided in the appendices (see Appendix 9.3). This process was used to establish higher level coding which has contributed to theory development.

### 3.7.7 Selective Coding

Selective coding occurs whenever the researcher feels that the research is saturated with no new lines of enquiry established. The process of selective coding normally begins after the discovery of the core variable. Selective coding is best described as a short 'story' of the key theory that the researcher feels has emerged during the interview with James. This process helps to identify the prominent issues that contribute to the development of an overall theory. The aim of the story is to provide a brief summary of the interview and record the core conceptual categories that have been identified. It is useful to bullet point core conceptual categories at the end of the short 'story' (see Appendix 9.4)

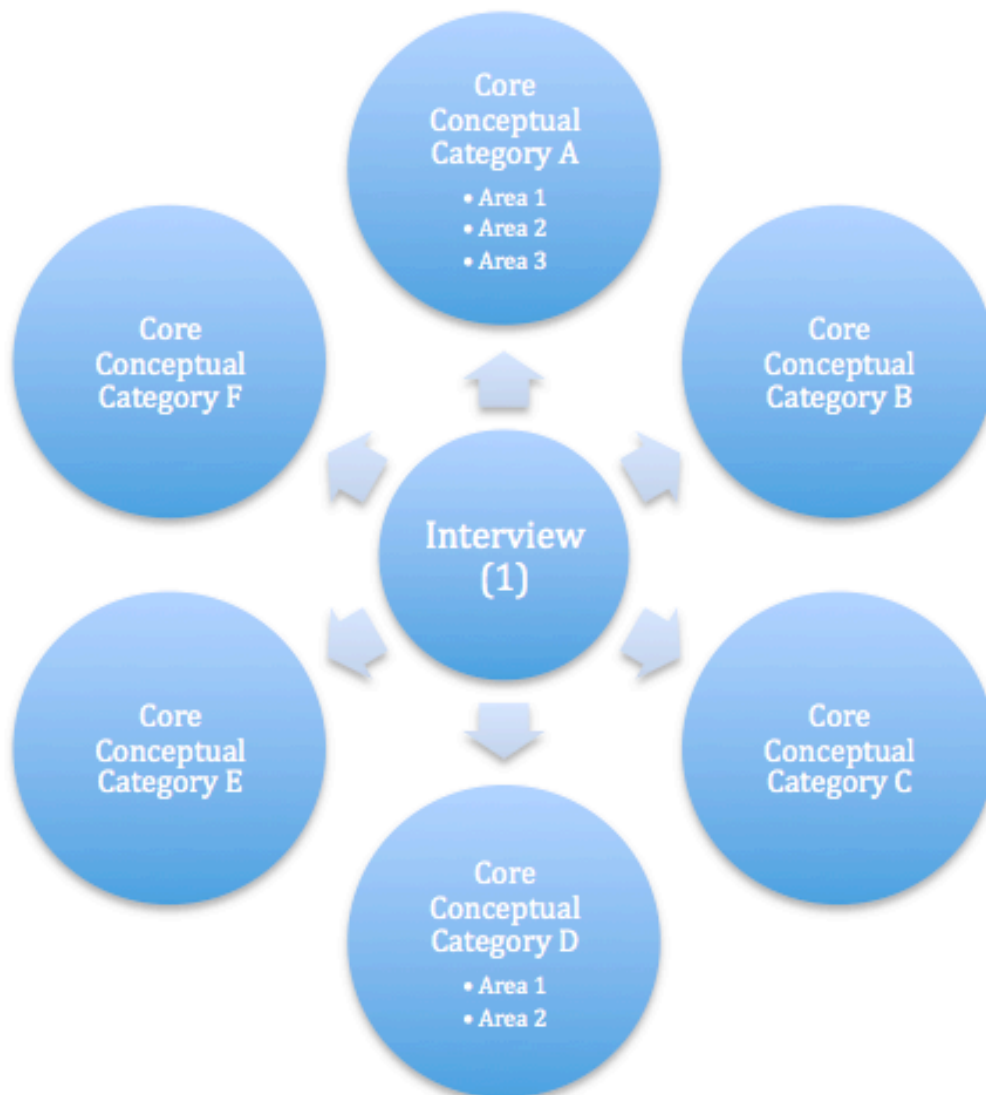
### 3.7.8 Core Variables and Code Map of Axial Coding

Core variables emerge as the researcher follows the constant comparative method of comparing the categories that emerge. A core variable is established as it emerges as a consistent theme that solves the issue at hand. The core variable tends to occur frequently within the data and relates to other categories that have been established. As Glaser and Holton explain:

The criteria for establishing a core variable with in Ground Theory are that it is central, relating to as many of the categories and the property as possible and accounting for a large portion of the variation in a pattern of behaviour.  
(2004, p. 14)

The core variables that emerged from the interview data were placed in a code map. The code maps provide a pictorial representation of the categories of emerging theory and provide a quick reference to aid the development of theory. A code map was completed for each interview (see Appendix 9.5). Figure 7 provides an example of the framework that was used to guide the development of the code maps.

*Fig. 7 Example Framework to Demonstrate Procedure for Developing a Code Map of Axial Coding*

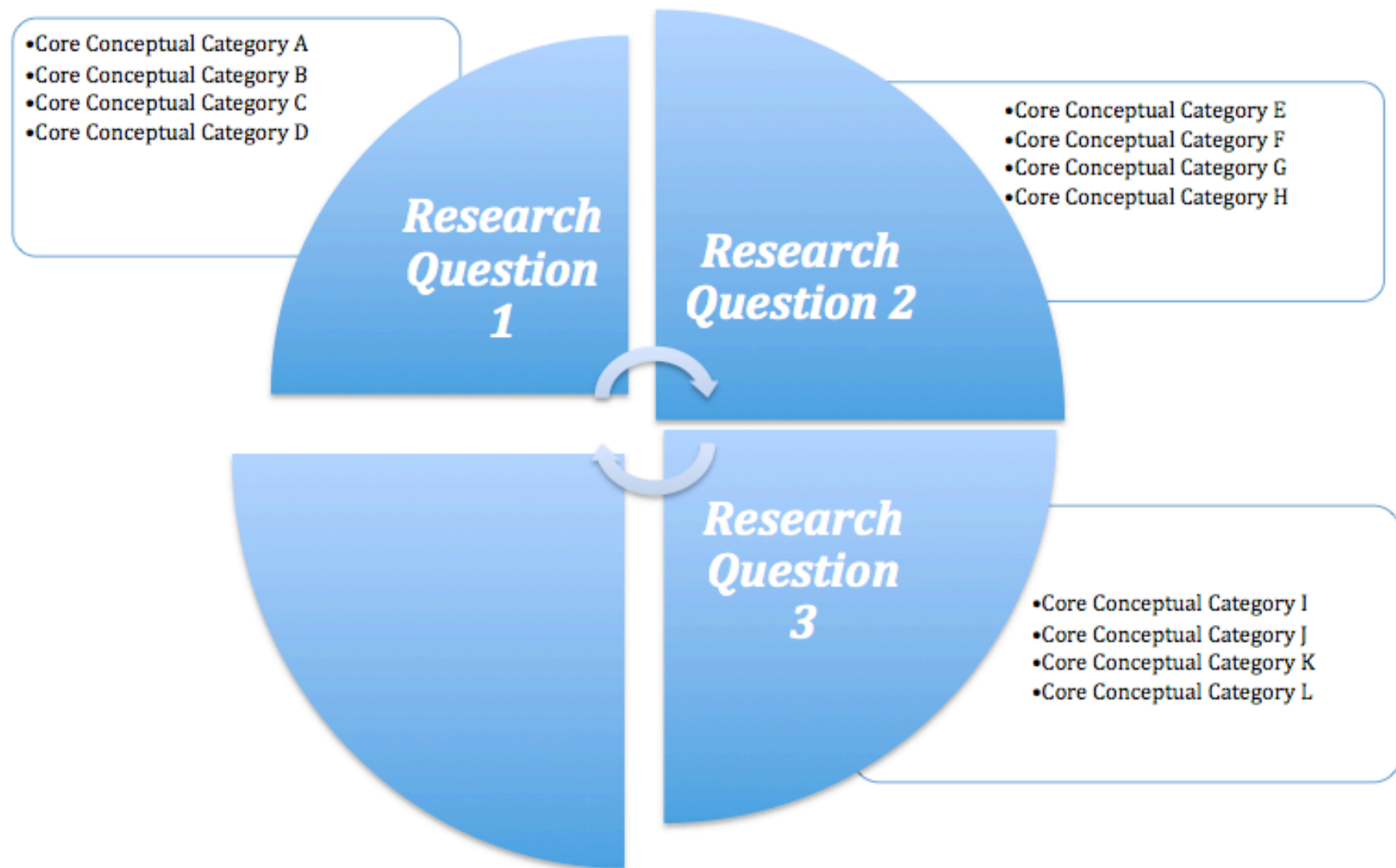


### 3.7.9 Planning Diagrams

A number of *planning diagrams* were also created in relation to the research questions, to help clarify the relationship between the emerging theory and in relation to addressing the research questions. The planning diagrams were used to provide structure and clarity to the research, and provide a context for the emerging theory to be understood. An example of the planning diagram for this research can be seen in appendix 9.6. A blank framework has been provided in figure 8 to demonstrate the structure underpinning the diagram.



*Fig. 8 Framework for Planning Diagram*



### 3.8 Ensuring Reliability and Validity

For the quantitative element of this research an initial sample questionnaire was provided to a small group of EPs in my locality for review and feedback. Based on their recommendations, some wording and answer categories were changed for the final questionnaire that was formally sent to all participants. I found this pilot very useful as the feedback gave me insight into the possible experience of EPs when completing the questionnaire and provided an opportunity to ensure the clarity and appropriateness of the questions (see Appendix 9.7).

For the qualitative phase of the research using Grounded Theory, Glaser (2002) would argue that the procedure outlined by the approach ensures reliability and validity of the data that is collected. He also argues that these issues are related to qualitative designs and are not necessary when using Grounded Theory (Glaser, 2002). The process of constant comparative method provides a safety net as it filters out any information that is not grounded in the data; it only picks out themes that constantly emerge, therefore reducing the risk of researcher contamination. A central component to ensure reliability and validity in Grounded Theory is memo-writing as it is a way of keeping the researcher aware of their effect on the process (Mertens, 2005); this has been adhered to as part of this research (see Appendix 9.8).

A number of analytic practices that enhance validity of qualitative research have been employed in this research to further strengthen the validity and reliability of the data collected:

- To ensure descriptive validity the transcriptions have been listened to a number of times to guarantee the context is accurate and the associated meaning is understood. The recordings took place in a quiet room with digital recording equipment to improve recording quality; this allows for greater accuracy when transcribing. On occasions when I felt it was necessary to gain clarification of the interview, a colleague was approached to provide their interpretation. These incidents were rare as I completed the interviews personally, allowing me to check any misunderstandings or confusion when it arose. The interviews were transcribed soon after the interviews were completed.

- The issue of interpretive validity is not necessarily appropriate to qualitative research (due to its epistemological position and understanding how knowledge is derived) as this type of research is seen as an interpretation of the data by the researcher. To ensure interpretive validity, it is important to make sure the research projects remains transparent. To certify interpretive validity the words of the participants have been used throughout to build emerging theory (Chiovitti & Piran, 2003). The aim of the introductory chapter is to provide a grounding for the research; to disclose the cultural, experiential and theoretical factors that influence the researcher and the research; and to make these issues as transparent as possible for the reader. The methodology section also offers a transparent explanation of the research process followed. By remaining transparent in these two areas, it provides greater ease for the research to be easily replicated which is an essential characteristic to demonstrate validity as it leads to confirmability. Peer review provides another mechanism to guide confirmability. For example, the emerging categories from the Grounded Theory were shown to an independent person who was not involved in the research. The aim of sharing the initial transcript and categories for the first interview was to establish the validity of the categories and monitor the possible bias for the researcher. The reliability of the categories was reviewed by calculating the independent verifier's percentage agreement with the categories for the first interview. At first there were some discrepancies and difference, with an inter-rater reliability being calculated at 77.7 percent. The differences were discussed and negotiated, resulting in some categories being merged and new categories being developed to achieve a 100 percent agreement. For example, the core conceptual category of Service and organisational change was merged with the Political category as it was felt that the changes in service delivery was heavily influence by political ideologies.
- The intensity of personal contact with the participants provides an indication of how well the researcher has engaged with the data. The typical length of the interviews was one hour which provided a significant amount of in-depth data and opportunity to summarise and check interpretation (Chiovitti & Piran, 2003). The depth of data collected is evident in the large number of quotes that have been used to support the emerging theory concepts and the interpretations of the researcher.

- This research project adopts a mixed methods approach which aims to integrate both qualitative and quantitative data to develop a more detailed holistic interpretation. The collection of data from multiple sources could be described as a form of triangulation. Another source of triangulation was interviewing EPs from a number of different services which provides an opportunity for more varied opinions to guide emerging theory and theoretical understanding of the issues at hand.
- An important part of confirming the validity of this research is to document my journey and reflect on how this project has changed my understanding. This will be discussed in detail in Chapter 6.

### 3.10 Ethical Considerations

A number of ethical issues have been explored and considered during the process of bringing this research to fruition. An ethical proposal was completed using guidance from the University of East London and submitted for approval to the University Research Ethics Committee (see Appendix 9.9 for example of application). If any concerns were identified that posed an ethical dilemma to the participants, the project would not have received permission to be completed. There were significant delays in this procedure that impacted greatly on when this project could be commenced, as highlighted further in Chapter 6. The researcher, as a professional member of the British Psychological Society (BPS), was also aware of the requirement to ensure that the research met the criteria set out in their *Code of Ethics and Conduct Guidance* (BPS, 2009).

The ethical issues to consider within the research are fairly straight forward as the participants are not children and do not fall under the category of vulnerable adults. West Sussex County Council did not feel it was necessary for further ethical consideration to be achieved, given the nature of the participants and the procedures followed at the University. The most challenging ethical consideration was to ensure the anonymity as descriptive features could expose the participants' identities given the small pool of professionals forming the research sample. To overcome this problem, pseudonyms were used and other information was changed or not included, such as a specific area of training. Other ethical procedures and considerations included:

- Obtaining informed consent from all participants;

- A covering letter was created to accompany the electronic questionnaire and was given to interviewees prior to their participation. The letter outlined the aims and objective of the research, providing participants with information to assist them in making the decision to participate;
- Participants were informed of their right to withdraw from the research at anytime. They were also made aware that they could withdraw their research data at any point and it would be destroyed;
- Participants were informed that the research was being conducted by a trainee educational and child psychologist and it formed part of their professional doctorate;
- Participants were made aware of the steps that would be taken to ensure confidentiality. No personal data would be collected and a coding system would be used to ensure transcripts remain anonymous;
- All participants were provided with an opportunity to review the completed research.

## 4. Quantitative Findings

### 4.1 Quantitative Study

The questionnaire was emailed to the PEP of three southern Educational Psychology Services in England who disseminated to their EPs. Approximately 72 EPs received a copy of the questionnaire. It was difficult to establish an exact number due to typical employment factors such as maternity leave, sabbaticals, employment of locums and the use of temporary contracts. The questionnaire return rate was 33.3%, which means that this is a representative sample of the target population.

*Table 2 Locality Spread*

Locality	Population of EPs	Frequency	Percentage of locality	Percentage of Study
Area A	26	17	65.4	70.8
Area B	24	3	12.5	12.5
Area C	22	4	18.2	16.7
Total	72	24	-	100

Frequency statistics have been used to provide a larger snapshot of the nature of EP involvement in working with mental health and psychological wellbeing for children and young people. It is hoped that the quantitative sample provides a context for the more in-depth quantitative interviews.

*Table 3 Frequency Statistics*

Questions	Possible Response	Frequency / Number of EPs	Percentage
<b>During the course of your work do you engage in mental health interventions?</b>	Yes	20	83.3
	No	4	16.7
<b>Does this work form part of the generic EP role, or part of a specialism?</b>	Generic	15	62.5
	Specialism	1	4.2
	Both	4	16.7

<b>Is this work conducted alongside other organisations?</b>	Yes	14	58.3
	No	6	25
<b>What is the approximate percentage of time you allocate to mental health work?</b>	<b><i>Generic role</i></b>		
	0-25%	13	54.2
	26-50%	4	16.7
	51-75%	1	5.3
	76-100%	1	5.3
	<b><i>Specialism role</i></b>		
	0-25%	1	4.2
	26-50%	1	4.2
	51-75%	1	4.2
	76-100%	1	4.2
<b>What is the nature of the mental health work you complete?</b>	Systemic consultation, schools and parents (WAVE 1) only	1	4.2
	Skills based group work (WAVE 2) only	0	0
	Therapeutic interventions - individual and group (WAVE 3) only	0	0
	All the above	8	33.3
	Mixture/Other	11	45.8
<b>What is the approximate percentage of time you spend engaging in therapeutic casework?</b>	0-25%	16	66.7
	26-50%	1	3.4
	51-75%	0	0
	76-100%	0	0
<b>Typical length of interventions</b>	Brief interventions (1-2 sessions)	5	20.8
	Short (3-5 sessions)	3	12.5
	Middle (6-12)	2	8.3
	Long term (12+)	0	0
	Mixture	9	37.5

## 4.2 Interpretation of Quantitative Findings

The findings of the quantitative data, as presented in table 3, indicate that over 83 percent of the EPs who returned the questionnaire felt that they engaged in mental health interventions. This type of work occurred in both generic and specialist roles held by EPs, and only one EP indicated that they completed mental health work as part of their specialism only.

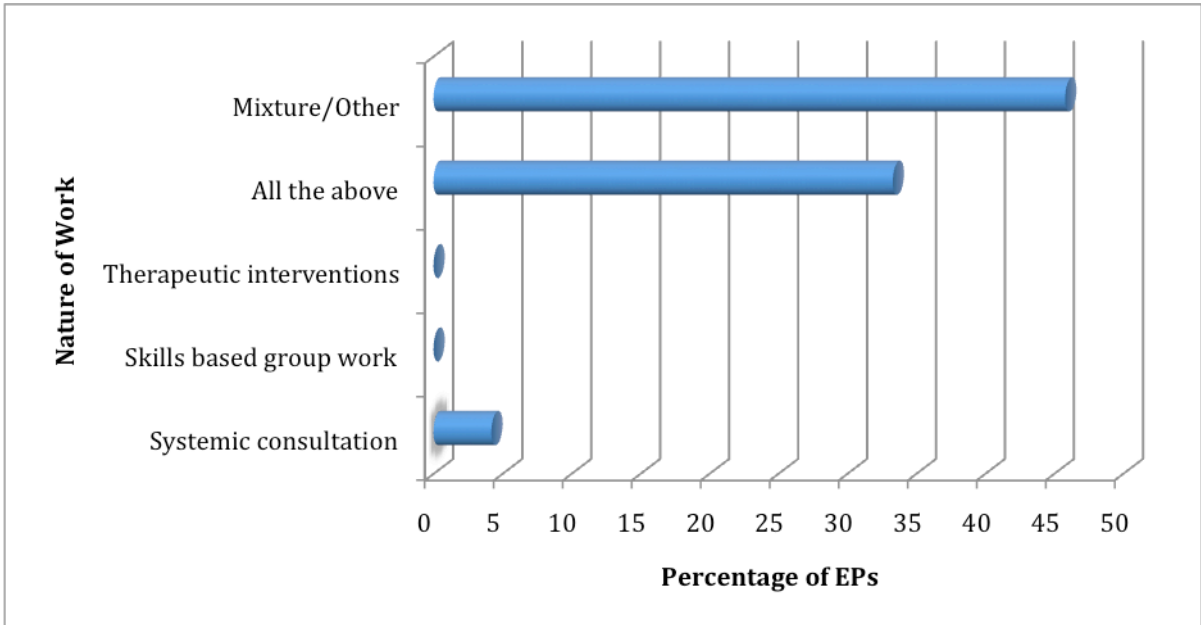
EPs reported that a large proportion (58.3 percent) of the mental health and psychological wellbeing work they completed was conducted alongside other organisations such as CAMHS, Primary Mental Health Workers, schools, Educational Welfare Officers, Child Development Clinics and with other learning service colleagues.

### 4.2.1 Different Level of Work Completed by EPs in Relation to Mental Health and Psychological Wellbeing

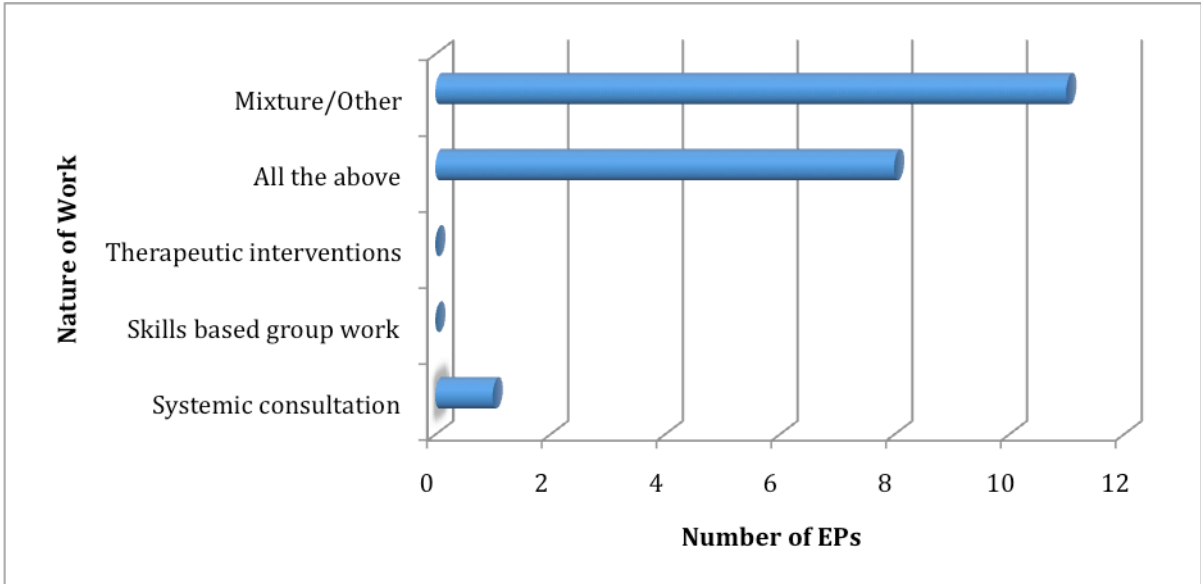
As demonstrated in figure 9, over 90 percent of EPs reported completing a mixture of interventions or working across the continuum of interventions when working with mental health and psychological wellbeing issues. A number of EPs reported breadth and diversity in their work, including: consultation, group work and individual therapeutic work. Approximately 45 percent of EPs incorporated a mixture of these different ways of working, with the majority completing a combination of consultations and therapeutic work. Approximately 33 percent of EPs reported that they work across all of the different level of interventions, which includes completing consultations, group interventions and more in-depth therapeutic work. Only one EP reported that they only worked at one level, that is, providing systemic consultations with schools and parents. Figure 10 provides a visual representation of the number of EPs and the reported nature of the work they completed in relation to mental health and psychological wellbeing.



*Fig. 9 The Nature of mental health and Psychological Wellbeing Work EPs Reported Completing by Percentage of the Sample*



*Fig. 10 The Nature of Mental Health and Psychological Wellbeing Work EPs Reported Completing*



4.2.2 Amount of EP Time Allocated to Mental Health and Psychological Wellbeing Work

The majority of EPs felt they spend on average 9.7 percent of their time completing mental health and psychological wellbeing work. Others indicated between 26 to 50 percent of their time was allocated to this type of work. The amount of time allocated to mental health work in specialist roles was evenly distributed between the percentage ranges and depended on the specific nature of the area of specialism.

Fig. 11 Reported Generic EP Time Allocated to Mental Health and Psychological Wellbeing

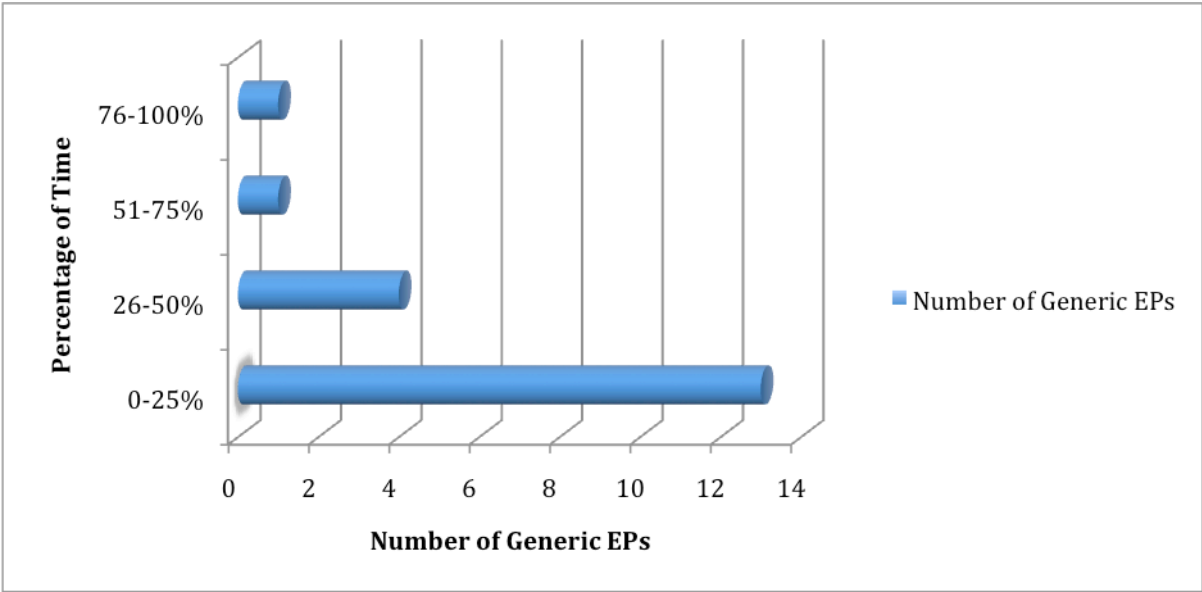
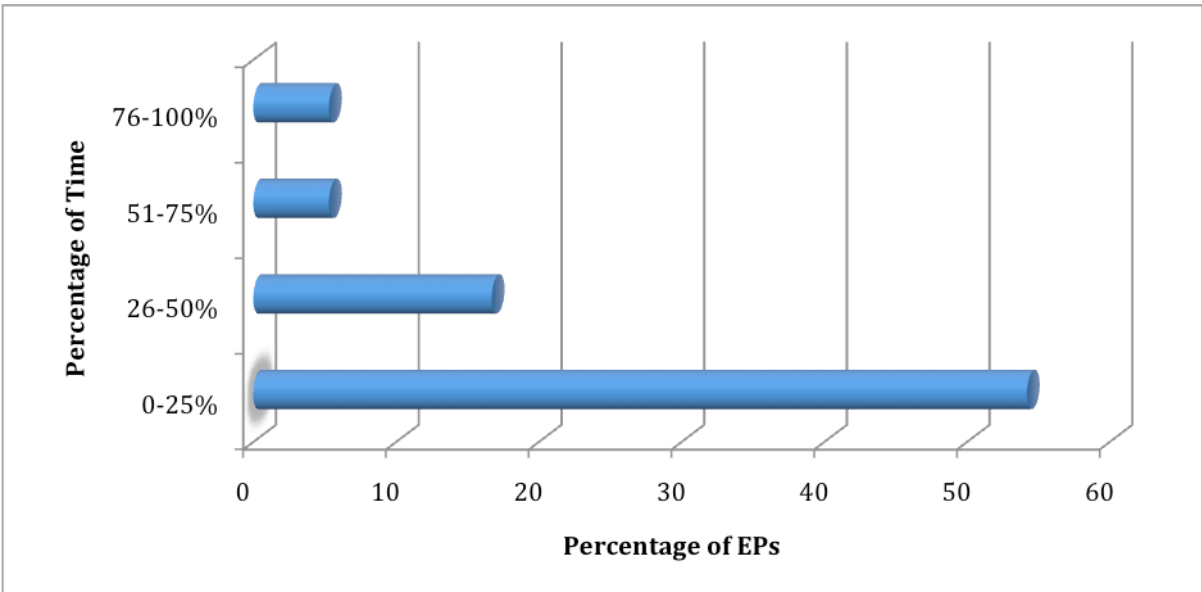


Fig. 12 Percentage of Generic EP Time Allocated to Mental Health and Psychological Wellbeing



There was a large variance between the amount of time EPs reported spent working with mental health and psychological wellbeing, ranging from 5 percent to 90 percent. It is important to note the standard deviation of 23.6 for these findings as it demonstrates the spread of the data from the mean. There were a number of significantly larger percentage of time reported, which may make the average percentage of 26.7 look slightly high when considering the group as a whole. The mode was calculated to find the percentage that occurred most frequently to add some balance to these findings. The most commonly reported percentage of time EPs spent working with mental health and psychological wellbeing was 20 percent.

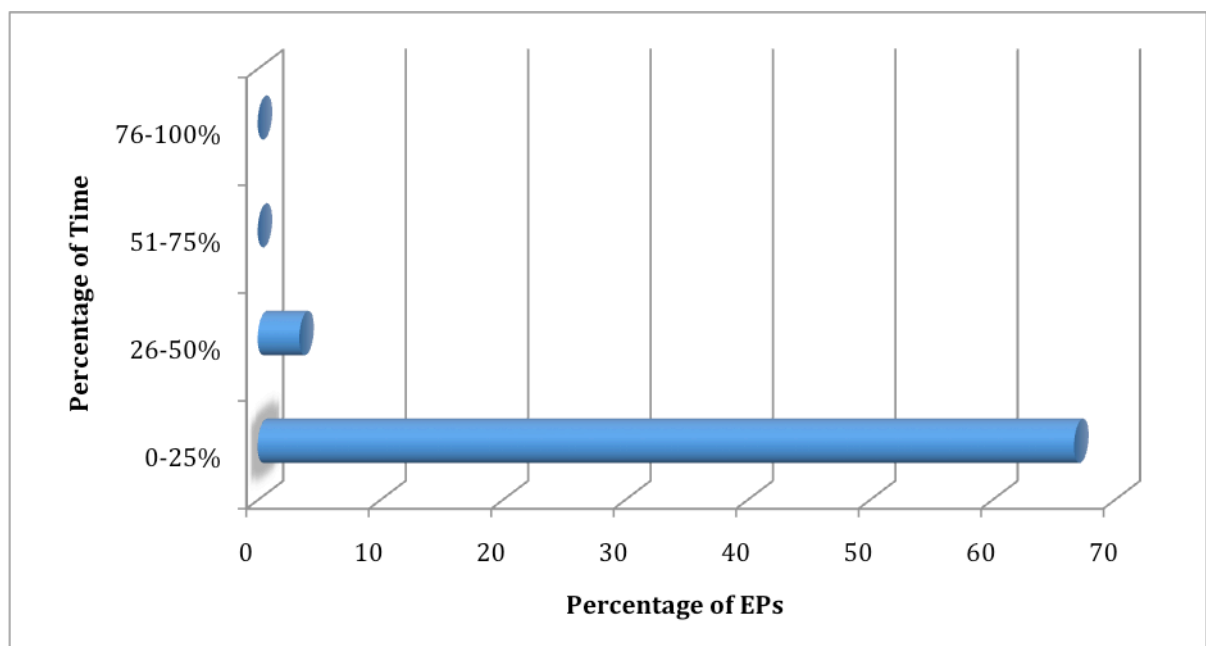
**Table 4 Descriptive Statistics for EP Time Allocation**

Descriptive Statistics	Result
Standard Deviation	23.6
Mode	20
Average	26.7

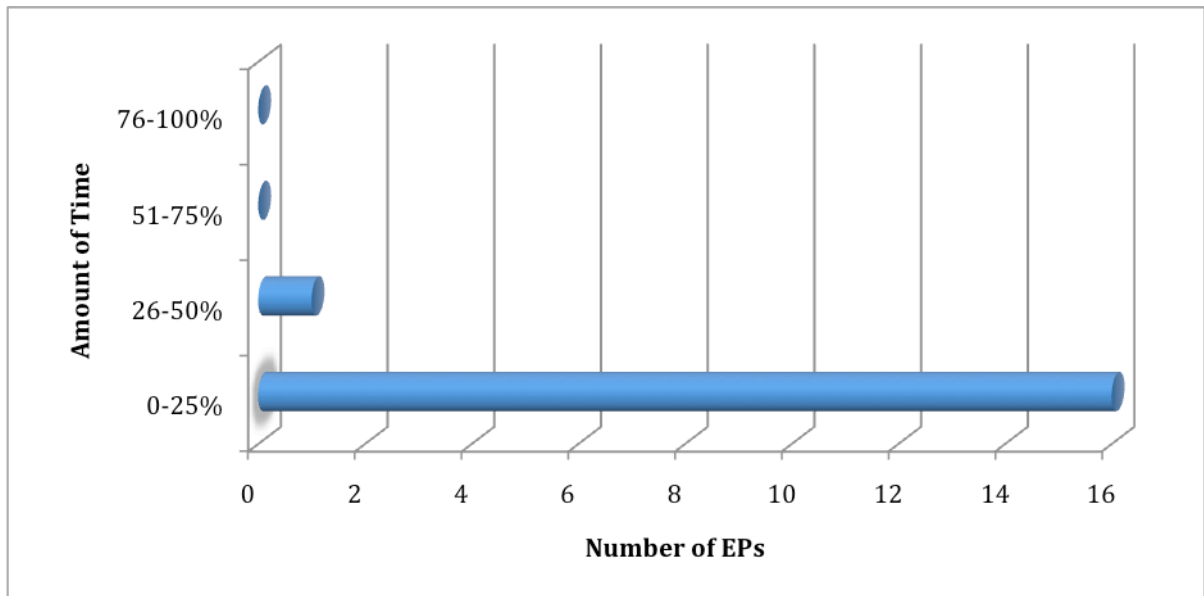
#### 4.2.3 Reported Amount of Time EPs Engage in Therapeutic Casework

The vast majority of EPs reported that they spent between 0-25 percent of their time engaging in therapeutic casework. One EP felt they spent between 26 and 50 percent of their time completing direct therapeutic work. No EPs reported spending more than 50 percent of their time engaging in this type of work (see figure 13 and 14).

**Fig. 13 Percentage of Time EPs Engage in Therapeutic Casework**



**Fig. 14 The reported Amount of Time EPs Engage in Therapeutic Casework**



The use of categorical data can be a little misleading at times as the variance within each category can be large. Descriptive statistics can be useful for exploring the data in a little more detail. The average percentage of time EPs reported engaging in therapeutic work ranged from zero to 40 percent. It is important to note the standard deviation of 10 for these findings as it demonstrates the spread of data from the mean. Although the majority of EPs' percentage of time fell in the 0-25% category, the average amount of time spent completing this type of work was 9.7 percent. This average may paint a more accurate picture of the amount of time EPs actually engage in work of this nature. The mode, which was calculated at 10, indicates that 10 percent was the most frequently reported time EPs spent engaging in therapeutic casework relating to mental health and psychological wellbeing work.

**Table 5 Descriptive Statistics for Time Engaged in Therapeutic Casework**

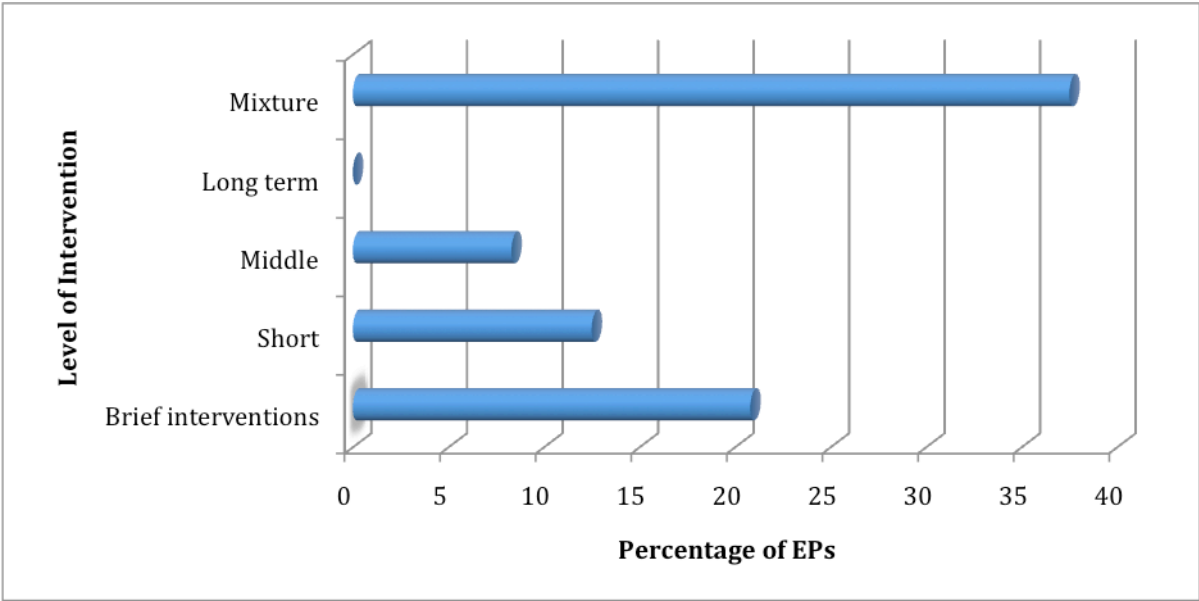
Descriptive Statistics	Result
SD	10
Mode	10
Average	9.7

#### 4.2.4 Length of Interventions EPs Complete in Relation to Mental Health and Psychological Wellbeing

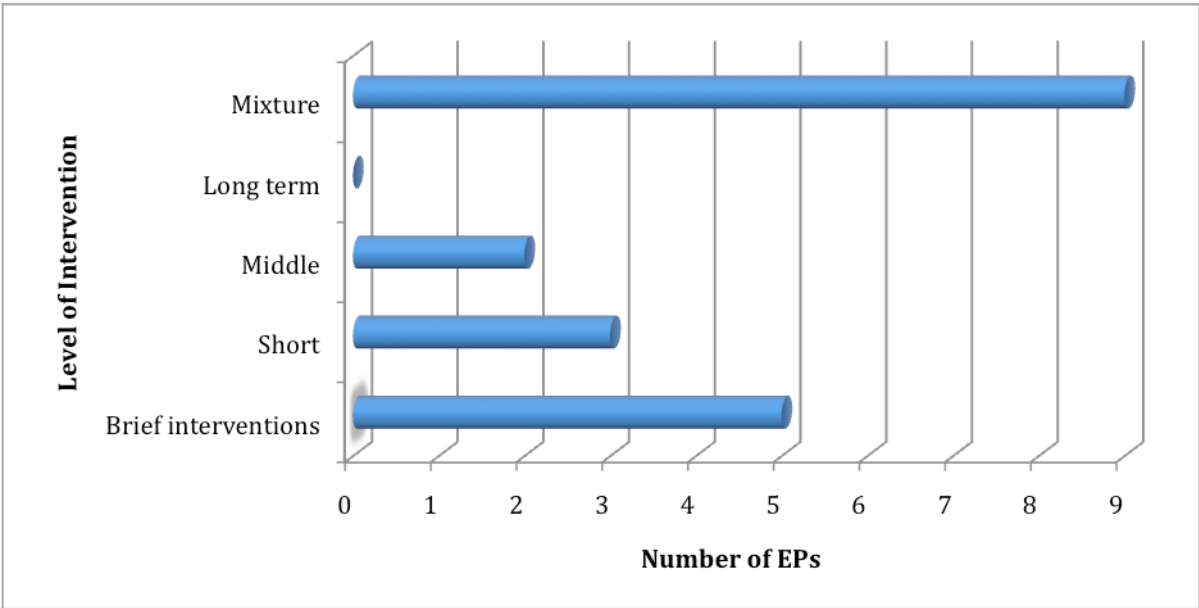
There was some variation in the length of interventions EPs reported that they engaged in regarding mental health and psychological wellbeing (see figures 15 and 16). Over 37

percent suggested that they offered a mixture of interventions; the majority of this group offered a combination of brief and short interventions. EPs reported they engaged in a range of interventions, which included brief, short and middle length interventions. No EPs reported that they completed long term interventions with regard to mental health and psychological wellbeing. A number of EPs did report that the sessions offered varied lengths depending on the needs of the individual child.

*Fig. 15 The percentage of EPs who Completed Different Length of Interventions in Relation to Mental Health and Psychological Wellbeing*



*Fig. 16 The Number of EPs who Completed Different Length of Interventions in Relation to Mental Health and Psychological Wellbeing*



### 4.3 Summary of Quantitative Findings

The vast majority of EPs who completed the questionnaire felt that they did complete work that was mental health and psychological wellbeing in orientation. It is possible that the EPs who did not reply, did not do so because: (i) they did not complete this type of work, or (ii) they felt embarrassed to admit that they did not complete this type of work. A number of EPs commented in the questionnaire rather than providing quantitative data that they would like to complete more of this type of work. Examples include: “Dependent — never as much as I'd like”; “not enough — difficult to give a percentage”; and “very small”. Some of the findings may have been influenced by how people interpret the question and the definition provided in the questionnaire. For example, the following comments were made in relation to the term ‘therapeutic interventions’: “I hope all my interventions are therapeutic for children. I do not see a clear distinction between, for example, assessment and therapy, so about 20%”. Another participant commented: “90% I would say this is the main point of my job, unless you mean 1:1 therapeutic interventions then it would be about 10%”.

Due to the varied nature of EP practice, it appears that participants found it difficult to answer the questions that asked them to provide an approximate percentage of time spent engaging in different types of work. This issue taps into a more general problem within the profession about how best to monitor, report and evaluate work that takes into account the diversity of practice within the profession (Dunsmuir, Brown, Iyadurai & Monsen, 2009).

## 5. Qualitative Findings

### 5.1 Qualitative Study

Participants in the qualitative aspect of this research had a range of experience and represented various levels within the profession of educational psychology. Views were elicited from a principal, a senior and main-grade EPs across three rural counties. The sample included EPs who have completed doctoral training and/or masters training, with some having completed teacher training and others with a more diverse background of working with children. The participants had completed their training at a number of different training institutions.

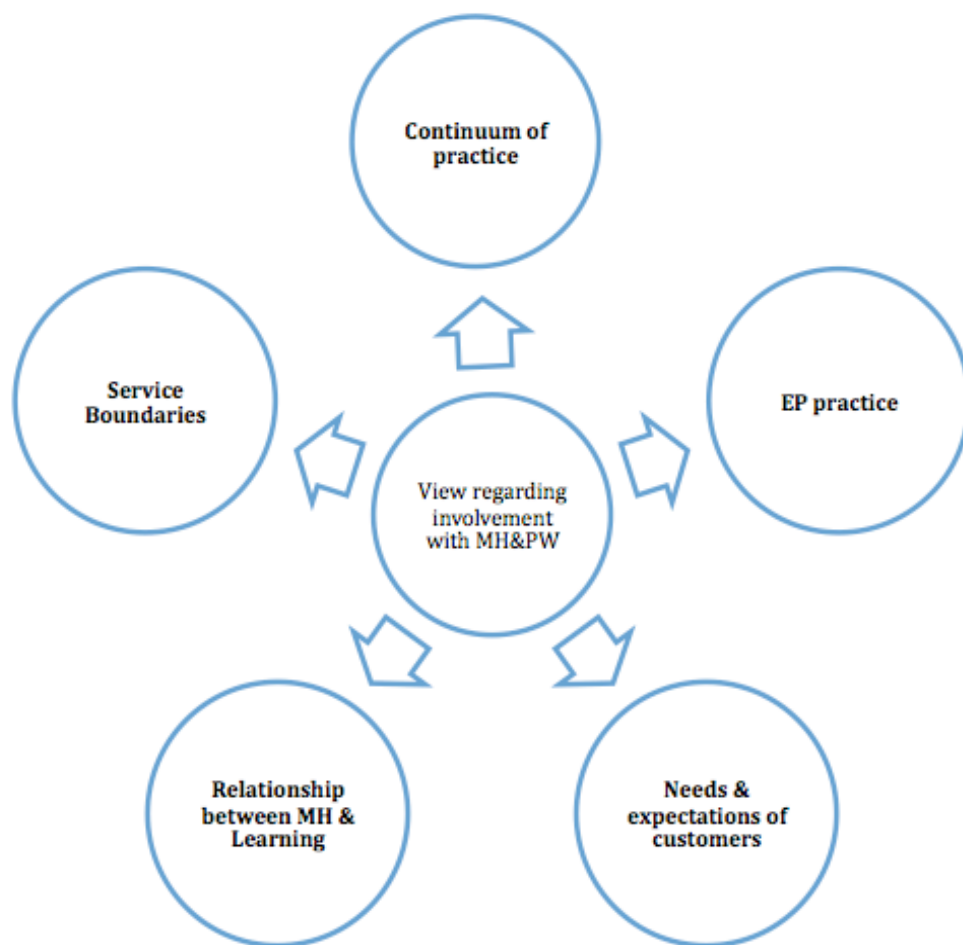
Through the use of Grounded Theory's constant comparison model, a number of key themes have emerged from the interview data, which will be discussed below.

The personal details of the participants, such as name, age and gender have been changed to maintain confidentiality. Pseudonyms have been used to make the research more personal.

### 5.2 EP Thoughts about Involvement in Mental Health and Psychological Wellbeing

This research explored whether EPs felt they should be involved in working with children and young people who are experiencing mental health and psychological wellbeing difficulties. Interestingly, none of the interviewees commented that EPs should not be involved in this area. Grounded Theory analysis of the data collected during the interviews highlighted a number of concepts in relation to EPs' views regarding their involvement in this area. The areas of emerging theory can be seen in figure 17 and will be explored in further detail in the remainder of this section.

*Fig. 17 Core Concepts that Emerged in Relation to EPs' Thoughts about their Involvement in Mental Health and Psychological Wellbeing*



### 5.2.1 The Relationship between Mental Health and Learning

It was generally identified that mental health and psychological wellbeing has a close relationship with learning and achievement. EPs commented that schools tend to identify and seek help with learning issues which, when explored further, can often have a mental health and psychological wellbeing component. James, the Senior EP, says:

I don't see anyone with learning disabilities, whose needs are being met and everyone is happy... with learning difficulties such as dyslexia or cerebral palsy, it's usually because there's something emotionally or behaviourally or in relationships that are involved going wrong.

(line 5)

He continues:

I think that some of the most complex cases that I have ever been involved with came through reading problems, but what the teachers thought they wanted was some help to get the child to read and sometimes that is what is requested, but actually once you start to work with the child or the family, you find that... that is just the opening of the gates...



(line 22)

The EP Nicole says: “I think that we become involved with it [mental health and psychological wellbeing] almost covertly or incidentally without really referring to it as a mental health issue, which is interesting” (line 17).

### 5.2.2 A Continuum of Practice

The idea of a continuum was prominent in relation to both EPs’ practice and understanding of the construct of mental health and psychological wellbeing. It was felt that EPs should work along this continuum although the balance of this ideology is questioned as EP Dylan indicates:

It’s [mental health and psychological wellbeing] kind of what you think of psychology as being... whereas I think the role is more about the learning side of things and trying to sometimes advise on really good teaching and obviously looking at the behaviour but realising why that behaviour might be a issue...a mental health issue and trying to get more psychology back in to the educational psychology role.

(line 76)

James, the Senior EP, feels:

Somewhere psychologists have always been within that middle point... so I don’t think... we would be involved with tutoring maths to a child... that would be led by somebody else... nor do I think you’d see a child twice a week for psychotherapy... that’s not a psychologist’s job that’s another specialists job...

(line 141)

Bella, the Integrated Service Manager, says:

I think it is... it’s a continuum... it’s being clear that this is what you can do... it has now broadened to a team around the family... we want the best possible plan for the right people doing the right kind of work at the right level... it’s getting the right plan... you don’t want to bring an expensive EP in to complete work that parents or a teaching assistant could do...

(line 209)

### 5.2.3 Service Boundaries

Following on from the idea of the continuum, EPs commented on the difficulties they experienced understanding and managing the boundaries between where their involvement in mental health and psychological wellbeing should be situated in relation to other agencies that engage in this type of work.

EP Nicole notes:

Whether it’s because of this uneasy contentious boundary between CAMHS and educational psychologists on the one hand and it’s almost like, I suppose I see it a bit like the sort of Russian and US soldiers shaking hands uneasily in Berlin in 1945. Not knowing whose turf is whose and so we kind of back off from it.

(line 81)

Ava, Senior Specialist TaMHS EP, says:

It's really hard... there are like artificial boundaries, which have just been made up, that are not clear and have a lot of grey areas between them. For example, what takes the case from being tier 2 CAMHS to being tier 3? Each case appears to be very different. What I think is a Tier 3 sometimes they think is not and sometimes what I think is not severe enough of them they will take on, so it's really confusing...

(line125)

EP Dylan observes: "It's [mental health and psychological wellbeing work] often thought to be a CAMHS role so..." (line 14).

According to Bella, Integrated Service Manager:

We did talk about that continuum between emotional difficulties and well-being, and mental health, and where does one become the other... and I've been to conferences where they discussed that... actually what is there that is different between a child that has mental health difficulties... it's not just about diagnosis and labels but actually where does that stop...

(line 42)

And:

I think sometimes having artificial barriers... has this become a CAMHS mental health issue... or is this still an EP in school... is very artificial because it just depends... we have the same sort of problem to define quite clearly between what is community CAMHS and Tier 3... how to make that decision?

(line 59)

#### 5.2.4 Needs and Expectations of Customers

It was generally recognised that schools and other services EPs support are expressing a need for help in managing mental health and psychological wellbeing issues within their context and are keen to accept support of this nature. As James, the Senior EP, says: "I find from teachers the kids that are puzzling them, tend to be children with mental health difficulties..." (James, Senior EP, line 61).

Nicole, EP, says:

We have a certain interest around therapeutic work, so we go and we can say to the schools I'll give you a bit of that. They'll love it. Someone else goes in and they're really into dynamic assessment. Schools will love that. Schools, they're hungry after anything that they can get.

(line 364)

EP Val believes: "It has been very well evaluated and well received when I have done it in the past by schools, children and parents... and this is one of those things that has been squeezed, yet it is very valued when it is offered" (line 149).

### 5.2.5 EP Practice

The type of work each EP engages with in relation to mental health and psychological wellbeing is varied. The service structure of their Local Authority and the location of the EPS influenced their practice, for example, some EPs were placed in integrated teams, others were located in the Learning Service, and some had a specialism or were involved in the TaMHS project. According to James, Senior EP: "...it's interaction between learning and emotional well-being that I think is the cusp of the work of educational psychology... so I think it is really vital we identify ourselves those issues and that we are good at it and have the expertise" (line 17). EP Dylan says:

I have offered some consultation around specific cases, which has been interesting, but I'm not able to offer that much due to time restraints... I suppose this is an area that needs explored in the future... it could be interesting to see if it is possible to have EPs involved in this way... I'm not sure if it would be possible to get more time from the EPS to complete this type of work... but that is interesting...

(line 202)

EP Val states:

Okay, well I'm just thinking about ones I've been involved with recently that spring to mind... a child with severe anxiety and school phobia, I was suggesting she needed cognitive behavioural therapy and relaxation techniques to address her anxiety, desensitisation... these are the types of techniques and approaches that we know will work from research and evidence, that we would be suggesting for a child experiencing that... that is just one I have been involved with recently...

(line 12)

The views of EPs involved in integrated services or TaMHS projects appeared to differ from main-grade EPs working in an EPS located in a Learning Service. According to Ava, Senior Specialist TaMHS EP, "One of the main themes of the project is around capacity building for schools, through developing and running training programmes for schools... as we wanted the project to have some longevity, even when we have finished [TaMHS]" (line 152). Bella, Integrated Service Manager, says:

... I think EPs have a very very clear role and it has kind of come through the TaMHS project... we've done a lot of different interventions and support in schools, from whole school-developing school staff, to doing direct family support and individual child support... group interventions, supporting staff...

(line 65)

Within an integrated service framework, Bella discussed the opportunities that are available as a result of additional training and joint work with the community CAMHS team. According to Bella, Integrated Service Manager:

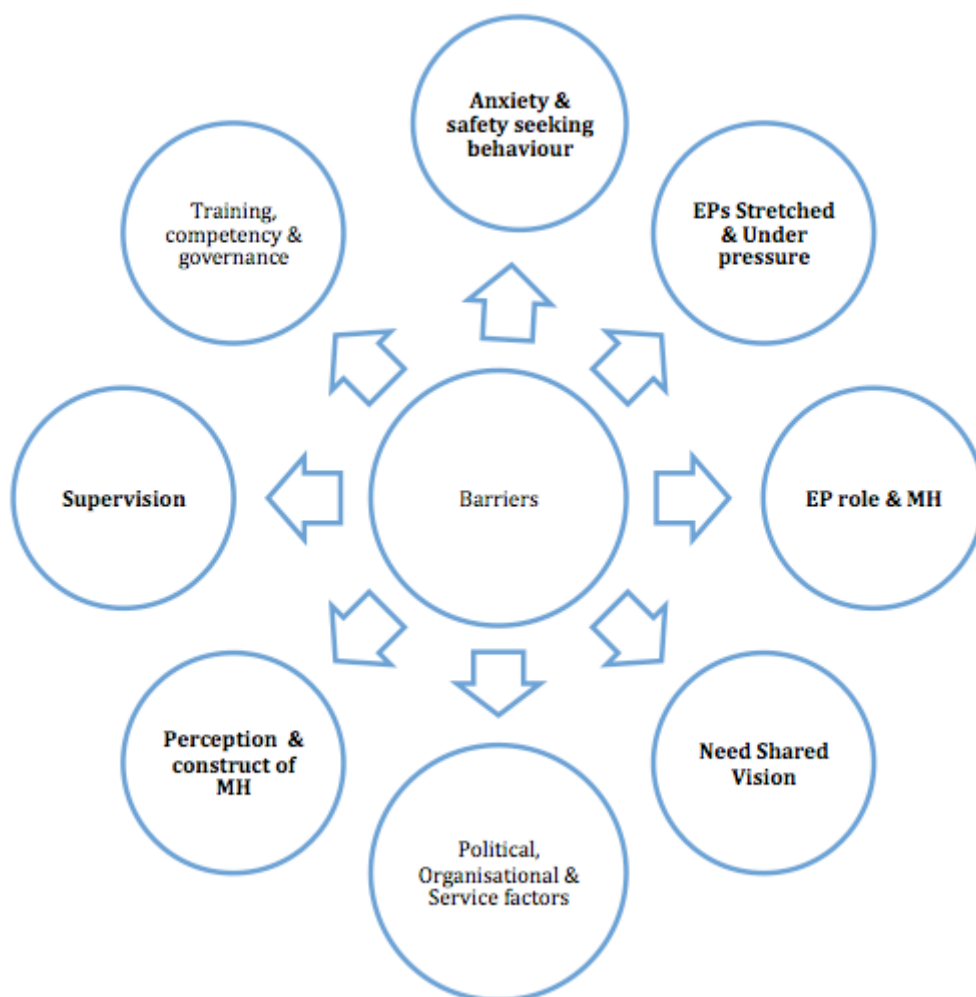
They probably would have gone to our specialist CAMHS team rather than our community team, if we haven't done much... because our community CAMHS team is very short-term interventions and these are longer... so that's why they might have gone to specialist the CAMHS team...

(line 11)

### 5.3 Issues Arising that could Prevent EPs Working with Mental Health and Psychological Wellbeing Work

This section of exploration follows on from the initial area that looked at the role of EPs in relation to mental health and psychological wellbeing. It provided EPs with an opportunity to discuss any barriers they felt stopped them from completing work in this area. Figure 18 below gives the core theoretical data codes that emerged from the interview data:

*Fig. 18 Core Concepts that Emerged Regarding Issues that Prevent EPs Engaging in Mental Health and Wellbeing Work*



### 5.3.1 EPs Feeling Stretched and Under Pressure with Workload

EPs commented on a number of factors that led to the construction of this core theoretical code including issues such as: managing time pressures, prioritising statutory assessment work, and managing a large patch of schools. Dylan says: “Erm... but depression type cases... I think there’s a tendency to think you haven’t got the time to commit to that” (line 11-12). According to Val:

For me, it is massively about time and the cuts we have been experiencing in our service that have happened, meaning that we are reduced in our work capacity to respond to any of these issues...erm... if we cut to only being able to do statutory assessments... that prevents us from working therapeutically...

(line 31)

She also added: “... so it’s juggling these sorts of requests with the statutory requests, the preschool assessment for statements and statutory work we have to do... it leaves very little time...” (line 63).

The unpredictable nature of the job and the need to prioritise statutory assessment work that arises was identified as significant factors influencing the uptake of more in-depth work. Val explains: “... last summer I was poised to do some work with the looked after child and I got some advice... from the looked after specialist... had all lined up and was going to offer it then I got a tribunal and loads of statutory work so just... this is the problem...” (line 73). For EP Nicole:

Time is a massive one, because you can’t commit to certain things and then have to cancel them, so I was doing certain bits of work and then I had a rush of SAs and had to cancel it and that leaves a bad taste in the mouth because ethically you’re setting something up and then you’re having to say sorry I can’t come in.

(line 111)

The impact of pressures, such as time, resources and the need to complete statutory assessments, was related back to competency and demonstrating effectiveness. The concept of being stuck in a negative cycle was discussed, which perpetuated and fuelled EPs to feel further under pressure and unable to engage in more in-depth therapeutic work. According to Dylan:

I think that we need more EPs rather than cutting back. We need to massively increase the numbers. It’s almost like a vicious cycle of proving your effectiveness but yet not having the opportunity to conduct all this work because the type of interventions that we’ve spoken about that we don’t have the time to do... are obviously where our skill base lies and it’s difficult... bit frustrating really, to have the ‘must do’ things but not have the opportunity to do the other things as well.... erm... so I think, yeah, obviously there needs to be a larger number of us....

### 5.3.2 Ideas Regarding Current EP Role in Relation to Mental Health

A number of factors related to the role of EPs appear to act as a barrier to further involvement within the area of mental health and psychological wellbeing. It appears that the traditional role of EPs is a potential barrier, whether it is a view held by the individual EP, their supervisor, or their service. For example, individual doubt about getting involved in this type of work and the influence of traditional views held by management regarding the role of EPs was highlighted. For Dylan: “I did think this is mental health work and maybe I shouldn’t get involved... I’m normally focused on their education needs and learning” (line 19). Nicole says: “I think that there is managerial inertia rooted in the fact that older generations are perhaps — and some training courses are perhaps — more comfortable working with SEN and they see that as where we should be” (line 108). For Ava, “I suppose they [her supervisor] kind of holds a more traditional view of the role... they are coming towards the end of their career and I suppose things were different historically” (line 44).

The influence of historical movements within the profession may continue to guide the type of work EPs complete and possibly act as a barrier to engaging in more direct work. For Nicole: “We were very much in the shadow of the 1970s, whatever, education act tying us to SEN and that kept us really firmly, it gave us a very strong position, a mind numbingly dull position, but a strong one in terms of allocated resources”(line 60). However, the perceived role for EPs working with mental health and psychological wellbeing does appear to vary depending on the location of the EPS. EPs within integrated services appear to have a clearer understanding of their involvement in this type of work and have distanced themselves from the traditional work associated with EPs. For Bella, the Integrated Service Manager,

When you talk about it like that then mental health and well-being is absolutely the type of work that EPs do... and at different levels, we do the whole school work... when talking about one child this is important because you need to have a good ethos, good policies around behaviour and nurturing and everything... those things have to be in place at a whole school level where every child benefits but also children who are targeted benefit more from that universal approach... they need more... so we work across our whole wave approach, so from wave one universal, to wave two group work and wave three direct intervention long term. I think EPs have a very clear role in all three of those areas. (line 46)

### 5.3.3 Anxiety and Safety Seeking Behaviour

The emergence of the concept regarding anxiety and safety seeking behaviour provides further insight into the previous core category as it provides a possible explanation of the role EPs have adopted in relation to mental health and psychological wellbeing. Anxiety was a consistent theoretical concept throughout the interviewing process. It was associated with the strains and pressures of working with difficult and emotionally draining mental health cases and the personal consequences this type of work could have on individuals. For Nicole:

It's not nice being around people with mental health issues... it is well documented... it's uncomfortable so unconsciously I think it's very easy and understandable to not have to deal with it, sitting in a room with a child who is really depressed or suicidal or whatever.

(line 236)

According to Ava: "I thought this could be interesting and was quite keen to get involved in a complex piece of work, but at the same time I was quite anxious — maybe this is something that psychiatrists should be dealing with the boy was threatening to violently kill people" (line 17).

The link between access to opportunities to complete work of this nature, confidence, and the maintenance of skills appear to have a reciprocal relationship. For Val:

Then there is a real risk that your skills will erode if you're not actually meeting the children presenting with those difficulties and actually your skills will become rusty... so definitely it's the cuts to manpower... we have more and more schools with fewer and fewer EPs...

(line 34)

While Dylan says: "I think there hasn't been the opportunity for ongoing direct work with children, unless I suppose you've got a specialism within that area that might provide more opportunity" (lines 9-11).

With the prevalence of lack of opportunity, it was suggested that EPs might revert back to completing work they feel more confident and competent engaging with. For example, some safety seeking behaviour was highlighted, such as using traditional psychometric assessment to manage and control professional anxiety. Nicole finds:

In myself, I've noted that if I'm feeling psychologically vulnerable, or hurt, then I feel I resort back to what I would call the more mechanical tasks that a psychologist can do and they tend to be not having to think about systemic issues, but doing a nice, simple WISC and BAS and I can engage the child, but I have a safe ..... that's back to a discourse, or that "feeling safe now", I'm looking at



their cognitive function and I'll do a little bit on their emotions and say well obviously they might be a bit depressed and get the school to refer on to CAMHS or whatever and that wouldn't be seen as bad practice and it probably isn't, but is it really engaging with the real issue for the child? I dunno.

(line 251)

She continues:

Then you start losing your skills and then you're back down to a defensive structure, maybe the WISC... the other defensive thing about the WISC is that it's something we are very good at. It feels good, when interpreting it... I know what I am doing now... Task anchoring.

(line 335)

Having access to opportunities to complete work of this nature and being able to manage personal anxiety, demonstrated that EPs do possess the skills needed to complete mental health and psychological wellbeing work. Ava says: "Anyway I completed the work — and I was a bit nervous and anxious — but you know what...? I was able to make a positive difference in a child and I realised I do have the skill base that can be applied to mental health types of difficulties" (line 21).

#### 5.3.4 Perception and Construct of Mental Health

The relationship between mental health and the 'medical model' appears to be an area of conflict and tension. The EPs commented that they felt wary of using diagnoses. They said their experience when dealing with mental health professionals indicated that they tend to take a 'within child' stance which appears to be something EPs would like to distance themselves from. According to Ava, Senior Specialist TaMHS EP:

I think the fact that CAMHS tends to work under the medical model and works with deficits in children... has put many EPs off completing mental health work... I think they feel that psychiatrists are too quick to put children on medication and possibly do not consider environmental influences on facts that could be contributing to the difficulties...

(line 88)

For Nicole: "Certainly in my training we were always wary of diagnoses because we didn't pursue a medical model..." (line 44). Ava also added:

It could just be the clinical psychologist I was involved with... I didn't think their report was very good and didn't like the way it was written, again it was very focused on the child's deficits and reported scores and results in a way that I wouldn't feel comfortable reporting... they didn't really know how to use the results and bring it into the school context...

(line 110)



The history between EPs and the medical model was identified as a factor that helps to explain the some of the uneasiness within the profession. For Nicole:

When we split from child guidance... and I totally get this and subscribe to it as well... which kind of brought it from the medical model which they found really it's all within child, all quite sort of almost punitive and unpalatable and I suppose when you think of it, the correlation of psychiatric diagnoses between psychiatrists is so variable and less than chance, so there's a complete mistrust, and I get that, and I subscribe to it on a number of issues, so we've moved away from that...

(line 160)

Not everyone held the belief that CAMHS work in a medical model and did not necessarily see this as a significant barrier preventing them from engage in work of a mental health and psychological wellbeing nature. It was commented that both clinical and educational psychologists are trying to apply psychology, with the only difference being the setting. According to Val:

Never to me... the thing is CAMHS operated in that way... because they have the psychiatrists and they are in that setup... but I do know... that has never been a barrier to me... well I started off working as an assistant clinical psychologist, so don't know if that has a bearing on it... not really... because clinical psychologists interventions are similar to educational psychologist intervention is just in a different setting... so we are compatible... we are employing psychology in education... they are employing psychology in a medical setting... so it shouldn't limit the approaches of techniques we use... the view that that type of work over there is all medical and we shouldn't use is wrong...

(line 227)

### 5.3.5 Lack of Clarity about EP Role/Uncertainty of EP Role

The need for a shared vision was highlighted in all aspects of the EP system including EPs, services, universities and customers, such as schools. There appears to be a degree of confusion regarding the role of EPs and what their main purpose or focus should be. Nicole says: "I guess for me I think it kind of goes back, as far as I can work out, to a degree of uncertainty about the role and function of an educational psychologist" (line 47). For James, Senior EP: "I think because psychologists aren't very clear about what they do, other people are not clear about what they do... so who is going to support this new type of psychology (line 187). Nicole adds: "We haven't actually, as a profession, entered into a new zeitgeist or a new paradigm about what is the psychology that we are going to provide to schools and children in schools" (line 64).

A possible contributing factor fuelling the confusion around the EP role and lack of a shared vision was identified as the high level of autonomy each EP has over the work they complete. Nicole explains:

But we have such high levels of autonomy that it almost comes down to what's the EP interested in. If they're interested in direct work, they can do that. If they're interested in systems work they can do that. If they're interested in having a quite soft, cushy time, they can do that. We're masters of our own fate, far more than... I can't think of any other profession that has as much freedom as we do. (line 203)

The high level of autonomy embraced by the profession highlights the need for educational psychology services to have a shared vision which provides focus and structure and insures a high level of consistency and focus for each practitioner. According to EP Nicole:

That our model of service is so it's kind of uni-focused and actually we need a more sophisticated model that has concepts of primary client, intermediate client, ultimate client, so that ok say one of our clients might be the school but actually... my ultimate duty would be to the child, or actually my ultimate duty is to the weakest point in that system and that's who I'm thinking about. The school might engage me but I identify who is the weakest, it might be the child, it might actually be the teacher who is really depressed and whatever. I'm looking for the weakest point and supporting that...

(line 485)

It was indicated that a possible source of confusion could be related to the variation of training programmes at each of the universities. The need for universities to have a common vision was highlighted. Senior EP James explains:

... training is the problem I think, as I have already said... I'm not quite sure what training educational psychologists get now... it's been a long time since I've done the training... I don't see a coherent idea of what's an educational psychologist is... I think the training courses probably still vary as much as they did whenever I was there... sometimes I think the training can be very negative focusing on what we don't do... we're not this... we don't do that... but it's not very clear about what we actually are...

(line 160)

For Ava, Senior Specialist TaMHS EP:

I suppose it's all down to training really.... and that does get me wondering how much of this type of training is incorporated into EP training... and whether they feel that they have the skills to complete this type of work. I don't know if it's the same now, I can remember when I trained, EPs from different universities had very different experiences and a different skill base to work from depending on the training course they went on...

(line 50)

The need for services and universities to have a shared view emerged from the data, as EPs commented on incongruence between the focus of training centres and the work they complete when employed. Dylan says:

I think, yeah perhaps it hasn't changed as much and that's because obviously of resources and time constraints that often when you're working as a trainee you have the opportunity to work more one to one with the child because you've got fewer schools to work with, whereas when you're out practising, it's quite difficult to find the time to always do those things. (line 141)

For Nicole:

Certainly for me was because training at the Tavistock... you know I did six months clinical practice, so it was actually quite a shock for me and my kind of cohort... when we came into becoming EPs... you know a bit like a doctorate, your kind of generation because we think ok just a moment... we were doing weekly cases for three months, I saw this kid every day for three months, doing play therapy and I was supervised by a child psychotherapist and suddenly it was...oh... you don't have time to do that.

(line 327)

James says:

When I trained, which was the early 1980s... I trained at the Tavistock clinic... we were taught very much with a bit of clinical psychology in it, so it's very much about emotional health and well-being... and I remember coming out as a trainee, because it was at that time they come out with all sorts of packages... data pack... with all sorts of ways of analysing learning, in a very behaviourist way and the job of a psychologist was to teach the next three letter sounds... and I remember feeling very angry because all of the other trainees seem to know so much more than I did because they had all these packages and could set targets and could monitor them and so on... we had none of that at all and I felt very ill equipped...

(line 37)

The confusion surrounding the profession as a whole appears to have transcended into the services supported by EPs. The recognised growth in demand from schools and other services for support in addressing mental health and psychological wellbeing issues highlights possible confusion regarding how others perceive the role of EPs. Expectations of services appear to be guided to some degree by the historical role of EPs in relation to statutory assessments and access to additional funding. These expectations possibly impact on the likelihood of EPs being asked to, and being able to, engage in mental health and psychological well being work. As Ava, Senior Specialist TaMHS EP, says: "I don't think they [schools] expected their EP to be training in this area... I suppose they are more used to the SEN and statutory side of work. Mental health is quite

a big area of concern for schools and it is becoming more and more of an issue..." (164).

According to James:

If psychologists are seen as the type of people you need to employ because they write statutory assessments... so that role is why people pay money... then to this model, that would be a very big barrier because you would not be doing that... it's nothing to do with that kind of system... erm... so getting someone to pay you for it and understand the idea of psychology that doesn't involve statutory assessment... is another problem.

(line 189)

Nicole says "... it would be easy in hindsight for me to say — EPs are deployed poorly, it's rubbish, we're always limited to doing stuff we don't want to do — but maybe the awful truth is that schools find the most useful things are cognitive assessments" (line 343). She continues:

I think it's back to basic behaviours, you know regardless of our intentions, what we do confirms, reinforces or extinguishes expectations, so time and time again there's going to be a disconnect between what we think schools might be offered and actually when you have conversations and EPs say oh you'd probably like to do this, schools say oh yes we'd love you to do this, but the expectations get in the way. I think you... go into a PARM and it's shaped by previous history and previous experiences of psychologists and other support teams and it is very hard to shift that.

(line 386)

### 5.3.6 Political, Organisational and Service Factors

Wide ranges of organisational and service issues were identified by the EPs as possible barriers that impact on the nature of their work. Interestingly, the timing of the research coincided with significant political change and a period of austerity that has resulted in cutbacks within local authorities. For Dylan:

... I don't know whether that sort of works is viewed... there's a bell and a whistle now so it's the current financial climate that's the thing, the 'must dos' [SAs], but this other stuff that's really important... sometimes there isn't the time to do that but it should be and hopefully will be again if things change.

(line 355)

He adds: "There's been obviously quite a big restructuring process that's been stressful" (line 158). Nicole says: "Although I think it will be interesting given the new government's direction" (line 60). Bella, the Integrated Service Manager, thinks: "There is going to be a mental health review in schools... and its high on the agenda... and the Green Paper coming out is going to focus on the role of EPs in doing therapeutic work" (line 193)

The current framework of practice adopted by some services was identified as being a possible barrier for EPs. This contributed to an unrealistic school allocation, limiting the opportunities to complete more in-depth non-statutory work. For Val:

... I don't know, I think it is when you have to spread yourself around lots of different schools you can never get really stuck in to anything in depth, if you have high need schools you can offer them an in-depth piece of work... and you could even do that therapeutic work much more easily... with regular visits...  
(line 93)

Dylan says: "I mean it's difficult, because if there were more EPs I suppose you could have your patch but say rather than 22 schools you could have a lot fewer..." (line 225).

Val also thinks:

In an ideal world yes [the allocation model is good] because then you establish the relationship, but were not in an ideal world now and services have been so cut I don't think that model is sustainable any more... I think it is the best model but we can't deliver on that now...  
(line 121)

The location of the EPs within a local authority appears to influence the vision of the service and the direction of professional practice. For Nicole:

Well I think that the biggest impact is that we've moved from Integrated Services, which was a dog's dinner, but would have been great had it been thought through at all, but what service are we in, we're in special needs, that's where we are, so at some level that's where you're kind of marshalling your resources and you put EPs in special needs. Obviously at some level you'd assume people want them to work with that particular population. Where it's limiting, but that's it.  
(line 87)

James, Senior EP, says:

I don't mind the allocation being in schools because the schools belong to a locality and I quite like the idea that I'm the psychologist for a certain locality... but I think my main relationship is with schools and it shouldn't be... it should be with the team around the school... my main relationship should not be with the individual school... it should be with the people who are helping schools in my community... all the work that comes in should come into that group of people...  
(line 251)

Nicole also adds:

I guess the other thing is that if you look at us as a sponsored service, we have to be in line with local authority targets and that's not really something that [mental health] would come up. If you look at LA target, it would be about raising attainment and lowering exclusion, not specifically about mental health issues and so those things permeate down inside our ... it's a kind of airy swimming, the language we use.  
(line 175)

In contrast, EPs in integrated services did not appear to comment on the difficulty focusing on mental health and psychological wellbeing. It was generally acknowledged that a balance between the two strands of work was being sought. Bella, the Integrated Service Manager, says:

Let me explain how it works here... all our referrals CAMHS referrals come from one single point of entry... and we do triage... so anyone who makes a referral, whether it's a GP, schools, CAF or a self referral, it goes through a triage and our Tier 2, which is our community CAMHS who are part of our team and the Tier 2 specialists who are part of the separate Tier 3 team, meets once a week and decide where these cases should go... so it's a triage process... so what we would like would be for some EPs to pickup some of those cases that have come through that process... so they are not coming through the normal EP referral routes... they are actually coming through the CAMHS route...

(line 18)

James adds: "I still think that the whole idea of a reasonable sized community... which can not be too small or too big, so city is to big... a small town is probably just about right... people involved in supporting children in the town should be sitting together deciding how to support children..." (line 260).

Other service factors were identified within integrated services, such as trying to manage the different professional governance and ways of working. The inclusion of a diverse range of professionals in integrated teams appears to add further organisational and service complications that need to be address for effective working. For Bella:

It's interesting... it's very difficult... we are an integrated team but our EPs have professional and service level requirements that they have to do... and our community CAMHS have a completely different referral system, of governance issues, of their professional issues... school nurses who come under different governance as well... they do universal work, we to targeted work... its and very mixed group... so there are lots of tensions around having a model of allocating work... it will be interesting to see how a consultation looks like next week with our service restructuring...

(line 230)

### 5.3.7 Training, Competency and Governance

The need for mental health and psychological wellbeing issues to form part of the training of EPs was highlighted during the data collection and analysis stage. It was acknowledge that these issues were not addressed during their initial training. According to Nicole:

I've had no training as part of my educational psychology training to identify symptoms of depression, anxiety, as the two most basic ones, let alone anything else and to me that's worrying, because we know that anxiety in adolescents is on the rise we know that depression, you know, that these are massive issues and they are going to shape society and later services for some years to come and we don't even know, we would even necessarily know that someone is depressed.  
(line 45)

Ava, the Senior Specialist TaMHS EP, says, "[H]mmm... well I know from my training that mental health was not covered at all and if it was it was maybe a day to the most... (line 60)

The relationship between training, confidence and likelihood of engaging in mental health and psychological wellbeing work emerged as closely related concepts. For Dylan: "I think that's how the role could be potentially developed because obviously the EP... has a high skill level so it's not that they're not capable of doing that type of work but there needs to be more training and more opportunity to do that sort of work" (line 16). Nicole says:

It means that because we haven't been told about certain things, we can duck out of really engaging them face on and you know depression, ok it's a social construct, but actually we've got some really good evidence on what it looks like to be depressed, or feels like to be depressed and what life circumstances, life trajectories are like for young people, children, who are depressed  
(line 76)

And for Ava: "It is only been since I have taken the TaMHS lead, that I have started to complete training and reading and researching around the role in finding out more information about mental health difficulties" (line 62)

There appears to be a significant relationship between confidence, opportunity to practice, training and supervision to enable EPs to engage in work of a mental health and psychological wellbeing nature. Dylan says:

It's really when things come through from the AEP service, that there could be particular courses that you think it might be interesting to find out a bit more about that, but you kind of don't really follow up on it. I mean if there's something that - because again it's having the opportunity to apply that within your work. It's one thing to go on the training but then often if you're not able to use that...  
(line 103)

For Ava:

We put a lot of money into training and you've got to be able to use the skills... and they are high-level skills... so that will be anxiety provoking and we hope to build confidence through the supervision and hopefully we can reduce that and make people feel more confident in their skills... but unless you let them get on with doing that work they're not going to build the confidence...

(line 168)

Training competency and skill base appear to fall under the category of governance. The driving focus behind governance is to make services more accountable for the quality of their practice and safeguards people who use the service. This was described as a possible barrier preventing EPs from engaging in mental health and psychological wellbeing issues. According to Bella, "We have had to decide a level of chronicity or severity of the case in order to decide whether or not EPs have sufficient skills to do that under supervision... so there are issues around governance in order to do it" (line 33).

She adds:

There is funding issues but that seems to be the easiest one as they've agreed that... it's more around governance and who is holding the risk... we have to be very careful about that, which cases are given to our EPs, depending on the level of competence... I think they have to demonstrate levels of competence in order to get more complex cases, because the Tier 3's don't want to hold that case... then it is asked, will it stand up in court if something happens... can I go to court and say yes to this person should have had this case and those receiving proper supervision.

(line 146)

She later says:

So we haven't started doing this properly, because the issue that had been raised in trying to set up supervision because of the different levels of skill and competence based on during a one-year diploma or a 8 day max... some people have only done three... training course in interventions such as CBT or therapeutic interventions... it does question their competencies...

(line 25)

### 5.3.8 Supervision

The service structures and the frameworks that have been implemented to monitor and develop professional practice were identified as an area requiring development to facilitate the growth in more in-depth therapeutic work. For Nicole:

Another biggie is supervision structures. Recently, I was doing some quite intense work with a boy and went to supervision with \*\*\* and he said "look \*\*\*, it's not fair on me because you're offloading quite intense mental health issues onto me and I don't have anywhere to put that. We're not a mental health service so you're getting involved with work that actually your supervision structures don't support you for... and that was a real eye opener for me.

(line 120)

James says:

I think the supervision once in the job and the ability to talk to people about the work you are doing... is very varied across the country... and people think that is



something you don't need to do because you are a trained psychologist and why would you need to talk to anyone about what you're doing... we certainly don't have a supervision structure, in the way that other professions do... it's not a challenging supervision structure.... It's usually just work problems it's not really challenging you to improve your practice...

(line 175)

While for Ava:

And my supervisor, who is a senior practitioner and has a specialism in this area, who is a manager... felt that this is something that we EPs should not be getting involved with... I was kind of astounded to be honest... why wouldn't you be getting involved in this type of work? I was a bit disappointed to be honest, particularly because this was an area they specialised in and I wanted support...

(line 35)

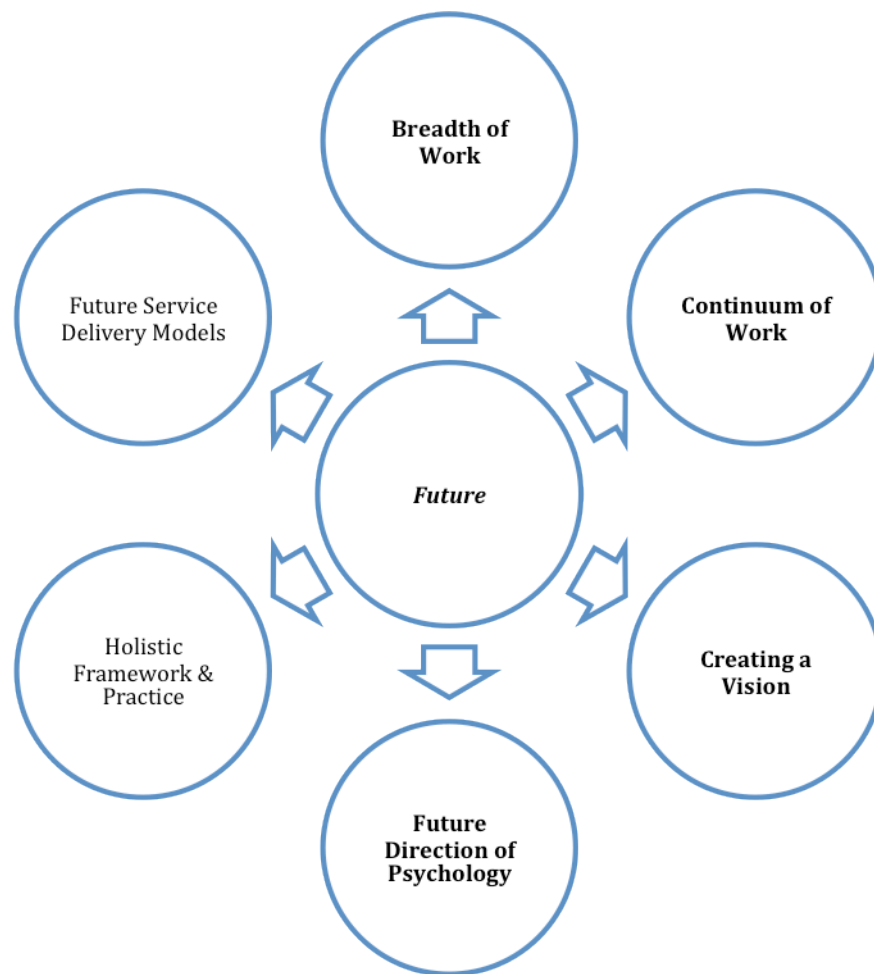
Nicole says, "Actually you know there's so much time pressure that the mere act of staying with a child for 50 minutes, bearing their pain, what are we going to do with that? We don't have anyone to take it to" (line 240).

The need to address and provide suitable supervision structures has been identified within integrated services. According to Bella: "Well we've made it quite clear if they are taking up cases, like CAMHS cases, more high level of CBT cases, then they need a qualified CBT supervisor, or accredited..." (line 122). She adds: "I think having that discussion of cases at supervision does enable more understanding in joint work... they are joining to provide supervision for our EPs and community CAMHS... we are just setting this up... it has taken ages..." (line 140).

## **5.4 Future Direction and Ways of Working with Mental Health and Psychological Wellbeing**

This part of the discussion aimed to explore the desire of EPs to engage in mental health and psychological wellbeing work. It gave the participants an opportunity to think creatively about how they could engage more with this type of work and how this would be best operationalised. Interestingly, the discussion addressed ways of working for EPs generally, not just in relation to mental health and psychological wellbeing. The areas of emerging theory can be seen in figure 19 and will be explored in further detail in the remainder of this section.

*Fig. 19 Concepts that Emerged Regarding the Future Direction and Ways of Working with Mental Health and Psychological Wellbeing*



#### 5.4.1 Breadth of Work

It was generally expressed that EPs could work in a number of different ways to meet the needs of children and young people experiencing mental health and psychological wellbeing difficulties. The range of work discussed included: direct therapeutic work with children and families; offering consultations to school about specific children; building the capacity of schools to enable them to manage these types of difficulties, through training and supervision; and working at an organisational level to effect the culture and ethos of schools.

There are a number of examples of more direct therapeutic work EPs are completing with individuals and families. Bella, the Integrated Service Manager, explains:

A group of EPs were trained in CBT a couple of years ago, which was just literally doing a three day course and part of that was that we bought in supervision for them to have that... so they had to pick up some cases and we had to bringing someone in for supervision... and it worked really well and they all did really good work at quite a high level of therapeutic need.

(line 6)

According to Nicole, "The family therapy work we do... is really big and really good..." (line 528).

A significant amount of the discussion focused on indirect work and capacity building, such as consultation, training with schools and supervision of other professionals. For Ava, Senior Specialist TaMHS EP:

I have offered some consultation around specific cases, which has been interesting, but I'm not able to offer that much due to time restraints... I suppose this is an area that needs explored in the future... it could be interesting it see if it is possible to have EPs involved in this way... I'm not sure if it would be possible to get more time from the EPS to complete this type of work... but that is interesting...

(line, 202)

She continues:

One of the main themes of the project is around capacity building for schools, site develops and running training programs for schools... as we wanted the project to have some longevity, even when we have finished... I decided about some training around resilience factors in children and young people and looked at thoughts and cognitions and the affects they can have on people's mood... I'm quite happy with it... the area of resilience is really important for children's learning and mental health.

(line 157)

For Nicole:

More bold training with teachers and that might be just a coupled of teachers... so I worked with three teachers and taught them relaxation techniques... I didn't but next time... I will come and watch the teachers doing this with the class and we will meet again in a couple of week's time to build on that...

(line 514)

And Ava adds: "Well apart from the training I managed to secure the funding of a couple of primary mental health workers who I supervise" (line 171). According to Dylan: "It's more an efficient way of working to try and skill up school staff, so whether there is somebody within the school like a school counsellor that you could perhaps link more closely with and they could continue the work" (line 65).

EPs working at a systems level to facilitate a universal approach that benefit a larger number of children was highlighted as an important area for intervention as this also

benefits children who receive more targeted support. Nicole points out: “Organisational change work with schools... working with senior management teams... so we should be acting up and being bolder... asking questions like how do I fit into your school development plan... so all those things and everything in-between.” (line 529). For James, the Senior EP:

Psychologists are actually doing both, they are advising maybe local authorities about provision or strategic ways forward for a population... but they are also seeing individual children and their families... and I think that grounds us in a way that very few other people do... and the more you go into that more strategic work the more you tend to go away from the client group...

(line 238)

#### 5.4.2 Continuum of Work

The concept of working along a continuum emerged as EPs stressed the need to establish a balance between the different possible ways of working, for example, establishing a balanced between individual work and systems working. For James:

I don't want psychologists to be psychotherapists or doing that kind of work...erm... obviously working in depth with fewer children means that you're not providing on a wider range of children... so any work that involves more work with a small group means less work with a larger group... its getting the balance right...

(line 230)

EPs also highlighted the importance of assessment and preventative work which could help to reduce the number of challenging individual cases that emerge as issues become more pronounced over time. Dylan says: “Realising that the additional things also need to be done and offering more of the preventative work that EPs could do but again it's trying to get the balance between working preventatively while also working at the higher need end...” (line 368). For Nicole:

Their [CAMHS] primary task would be to focus on mental health issues... now the problem is they only get to very high levels of need... I think we would be really well suited to, because we're in and out of schools, we can consult and advise schools and also do a bit of direct work with children and families... So we could do the really quite powerful early work on those subjects.

(line 146)

Dylan also mentioned: “I think in terms of the CAMHS referral type work. Say we were conducting work with children who were depressed then that would be quite valued by the schools because they find that there is a long waiting list...” (line 297). Meanwhile, Bella, Integrated Service Manager, says:

Yeah, rather than just serious acting out kids who get picked up quite quickly... and I think there's a really clear role for EPs to use that because of some quite clear data that we should be using... and does that support the mental health? Well, I think it is... it that early intervention, getting people identified early to support them using a wave approach... so those are the types of things that are going on here... the rollout of TaMHS...

(line 88)

### 5.4.3 Creating a Vision

The need to create a shared vision for the profession to enable other services to understand the role of EPs was discussed as a process that needs to be engaged with to facilitate change. The development of a clear vision for the profession follows on from the previous area, which identified the lack of a clear vision as a barrier preventing EPs from engaging in a more diverse range of work. As Dylan points out:

How do the schools view our role? It would be obvious to have that discussion and to link with them more closely to find out what exactly they do expect of us... and if we were to do more mental health interventions... to see how they would feel about that and how they would respond to that... and if they were quite negative initially to look at the benefits and how that could benefit them within the school and promote the emotional wellbeing of their pupils, that they're high achieving and successful in their school career and so, have that close link to see whether there are different agendas and how to get that one common goal...

(line 339)

### 5.4.4 Future Direction of Psychology

Following on from developing a clear vision for a profession of psychologists working with children and young people, some thought was given to the need for psychology in general to reflect on where it is now and what direction it would like to pursue in the future, with the need to be more 'real' with people. Nicole explains:

I was talking with a psychotherapist at the weekend at the Tavi and she said that a colleague of hers, a psychologist, who trained in Switzerland is really in despair at British psychologists because we are so trammelled by an evidence-base. There's no creativity and actually if you look at you know the large unions psychologists hugely creative, hugely intuitive... and it's really quite frustrating seeing British psychologists who are like this robot going of and doing things...

(line 453)

She continues:

Willow my friend said, her eyes roll when she hears a psychologist's voice on Radio Mercury and we're just going to talk to you like this, it is just so fucking patronising... so I kind of see almost... us as scientist intuitive really... much more involved with us as being human... than focused on psychological evidence base.

(line 460)

#### 5.4.5 Holistic Framework and Practice

The need for psychologists to work holistically was a significant area of emerging theory. The importance of systemic thinking and having the ability to intervene at any level within a system was highlighted as a desired quality for practitioners. According to James;

I think it is the ability to look at a whole picture, whole child and systemic analysis really of what is happening to this child... in the family... in the school... what is happening to this child in their community... what is happening to the child with in themselves... so... being able to analyse all those factors... a phrase I often use for myself is... what difference will make a difference? ... sometimes this is a change for the teacher or the adult... so that type of skills you need is... that ability to analyse in a very complex pattern, with many factors in it... keeping an open mind and interests in all those factors... then clinical judgements is to say what hypothesis have I got... and what change could I implement... and could I be a scientist in doing this, which keeps everything else well... and I have an interest in... does that of the outcome that seems to be valuable for that child....

(line 113)

Nicole says:

Well in an ideal world, I think that educational psychologists should be able to, in terms of skill and time, to work with whatever type of need is presented within the school setting. It doesn't have to be intervening directly only at the school setting. There are children with mental health issues in school... I feel strongly that we should have the knowledge and skills to at least identify, either set up some sort of interventions...

(line 30)

It was noted that the other core roles of EPs do not always lend themselves so easily to systemic thinking and systemic work. James highlights:

It's [SA] a within child model- an assessment of a child with a problem... so, you have to close down the idea that you might not be interested in the child but you might be interested in the parents... but you can't do a statutory assessment of the parents... so immediately you're having to choose a part of the system that you want to work with that may not be the problem in the system... you can do if that's your assessment of the class teacher that's not teaching very well... you have to do a statutory assessment of the child's inability to learn... so you're focused immediately on a within child model... also, it has a monetary incentive... that's part of it... its bureaucratic...

(line 198)

The contentious boundaries between other professionals, particularly other areas of psychology, were discussed as an issue that prevents professionals work from a holistic framework to meet children and young people's needs. For Ava, Senior Specialist TaMHS EP:

I suppose the divisions and different services that exist mean that children's issues tend to be considered in isolation so for example mental health is separate and learning which are separate social care... there needs to be a way of working that understands the whole picture of a child needs rather than each individual aspect.

(line 83)

The need for the development of a single profession that was able to meet the holistic needs of children and young people was introduced to facilitate a better understanding and way of working with children and young people. James says:

It seem silly to me that there should be clinical psychologists and educational psychologists both working with children... but there should be psychologists working with children and obviously I don't take a within child model, so you would then be looking at families and communities and then the places that children and families find themselves in.

(line 92)

He continues:

If it [educational psychology] is very educational focused... they won't actually have the clinical skills... because they have been undervalued all for the years... I'm not sure the clinical psychologists have the skills either... its might be a because they have to cover such a wide range the adult's as well and all sorts of older people and so on... so I think it is time for the profession for children... for the context which children find themselves in... in the mental health and emotional well-being... and with in that group you would have some who are very familiar with the educational context...

(line 103)

#### 5.4.6 Future Service Delivery Models

The importance of service delivery models follows on from the discussions regarding the opportunities for EPs to complete more in-depth work. Issues related to the EPs feeling stretched and overwhelmed were synonymous with the framework of practice used, creating large patches of schools that only allow for brief interventions. A number of possible alternatives were discussed, as well as possible strategies for overcoming the current framework of practice. For James:

I don't mind the allocation being in schools because the schools belong to a locality and I quite like the idea that I'm the psychologist for a certain locality... but I think my main relationship is with schools and it shouldn't be... it should be with the team around the school... my main relationship should not be with the individual school... it should be with the people who are helping schools in my community... all the work that comes in should come into that group of people...

(line 251)

One strategy suggested to ensure time to complete more in-depth therapeutic work was to protect allocated time. Nicole explains: “What I have done is booked out Tuesday afternoons and I’m going to use that for therapy work” (line 310).

Others posed more substantial suggestions to make significant changes to the current service delivery model and expectations of service users, to free up EP time to complete more in-depth work. According to Val:

... and then we need to shake off the statutory assessment and report writing bits because that is what seems to take so much time... I think there will always be a demand and in need of someone who is highly qualified to assess and identify the child’s needs and we are very well placed to do that... I’m not very sure about what is the best way forward to resolve this issue... but report writing, for example, if I had to complete a statutory assessment report on the child it will take a day to write up... so if I could never write reports that would free up a lot of time but we need a way of working that supports that... moves us into the therapeutic area...

(line 158)

The need for EPs to work as part of a multi-agency team was identified by a number of the EPs as a new way of working that would facilitate more flexible working to meet the needs of children and young people. James, Senior EP, says:

The best model I’ve seen is the portage model... which was multiagency... everybody visited a family you couldn’t be part of the service unless you visit at a family weekly... so I had a family I visited weekly.... I happen to be delivering portage but what I’m suggesting is you could be delivering some kind of mental health service really... so there was at least one family you’re involved with in a very intensive and supportive way... and what you do is you have generic training... you learn about toilet training and disability and schools and education and all the things that can be fairly generic... on top of that... what we then did was met fortnightly... and talked about the families we were working with... and I would say to the physiotherapist, I’m trying to teach this child – what ever-... and I’m not sure if I’m getting them to sit correctly can you advise me?... I would then have easy access to that advice without having to refer the child to a physiotherapist... I could even take a video of the child to show somebody such as the occupational therapist or physiotherapist... and the families didn’t need to go anywhere or see anybody else... they got the benefit of that advice through me... then sometimes I went on a joint visit...

(line 274)

James’ description above provides an example of a multi-agency model used by a Portage Service, which focuses on the importance of developing strong supportive relationships with families and working at a more intensive level. It introduces the concept of having a range of professionals who can be accessed for specialist knowledge when issues emerge or professionals become stuck – a form of consultation and



supervision. The example is not suggesting that EPs should engage in complex activities outside their remit or replace specialist knowledge held by other professionals; nor is it saying that EPs should be an understudy used by other professionals. The model James alludes to revolves around the concept of a team of professionals supporting in-depth work with complex families, where professionals work together and share their expertise and knowledge.

Bella, Integrated Service Manager, provides an example of a framework of practice being explored in her service:

let me explain how it works here... all our referrals CAMHS referrals come from one single point of entry... and we do triage... so anyone who makes a referral, whether it's a GP, schools, CAF or a self referral, it goes through a triage and our Tier 2, which is our community CAMHS who are part of our team and the Tier 2 specialists who are part of the separate Tier 3 team, meets once a week and decide where these cases should go... so it's a triage process... so what we would like would be for some EPs to pickup some of those cases that have come through that process... so they are not coming through the normal EP referral routes... they are actually coming through the CAMHS route...

(line 18)

Dylan says:

I think the opportunity for joint work... so whether we could link with CAMHS and I know that their capacity has been an issue, or is an issue that there are long waiting lists there... but whether there is potential to conduct work where the EP links up more closely with the clinical psychologist and shares their different areas of expertise...

(line 268)

## 5.5 Summarising Mixed Methods Findings and Returning to Research

### Questions

This section will bring together the findings from the quantitative and qualitative phases of this research and explore the outcomes in relation to the questions guiding the research, outlined below:

1. What is the nature of work EPs complete in relation to mental health and psychological wellbeing?
2. What do EP interventions in mental health and psychological wellbeing constitute, that is, what model of service delivery guides this work?
3. How much time do EPs allocate to mental health and psychological?

4. What are the views of EPs regarding their involvement in working with mental health and psychological wellbeing?
5. What are the barriers preventing EP from engaging in mental health and psychological wellbeing work?
6. In what way would EPs like to engage with mental health and psychological wellbeing?

EPs in this study indicated that they felt well placed to complete a wide range of work to address mental health and psychological wellbeing. They are able to apply their range of skills effectively to have a positive impact on children and young people. The relationship between mental health and learning was identified as an important factor to support EP involvement in working with mental health and psychological wellbeing, which many EPs felt in the qualitative phase felt formed a significant aspect of the current EP role. The qualitative and quantitative data both suggest that this is an area of work that EPs are working in and feel it is appropriate. Other aspects of the interview data and comments included on the questionnaires indicated that some EPs would like to complete more work of a therapeutic nature. It was acknowledged that EPs work along a continuum of need and need to be aware of the skills they possess to enable them not to stray into work that is not suitable for a psychologist. Despite agreement on the suitability of this type of work, there is a great deal of variance between EPs regarding the amount of time they spend engaging in work of this nature. Some EPs report they spend 5 percent of their time and other EPs suggest 90 percent of their time. Interestingly, a small number of respondents who reported a small percentage of time assigned to this type of work commented on the questionnaire that they feel this is an area they would like to work in more. A large degree of this variation could be attributed to the autonomous working of EPs who are able to pursue their own areas of interest. However, the service structure and location of the EPs with local authority structures does appear to influence the nature of work EPs complete. Being placed within a Learning Service or an Integrated Service provides a different vision which ties into different aims and objectives of the EPs; this is an interesting preliminary finding, which requires further exploration, with a larger sample, before any firm conclusion can be reached. A large number of barriers appeared to be attributed to organisational and service factors, such as limited opportunities to complete more in-depth work, and poor supervision structures to develop skills and confidence whilst containing professional

anxiety and risk. The findings regarding the typical length of interventions EPs complete provides support to back up the organisational and service factors. Over 37 percent suggested that they offered a mixture of interventions with the majority of this group offering a combination of brief and short interventions. It could be hypothesized that some of the service structures and frameworks are not conducive to enabling EPs to complete more in-depth complex therapeutic work due to limitations in supervision, time, opportunity, priority and training development. Another telling factor is the more detailed review of the actual amount of time EPs reported engaging in direct therapeutic work which was calculated to be 9.7 percent of their time. Once again this type of work requires time, on-going development and strong supervision structures. The emergence of anxiety and lack of opportunities and time to engage in mental health work — and complete additional training — appears congruent between the qualitative and quantitative elements of the study, given the low level of direct work reported. This is further supported by the lack of direct therapeutic work published in the educational psychology literature.

It is clear that EPs feel they do work with mental health and psychological wellbeing across a number of different levels, including individual and group work, consultation, training and systems work. They reported spending on average 20 percent of their time engaged in activities of a mental health and psychological wellbeing nature. The need to complete interventions across a wide range of levels was particularly important to the EPs. A large group of EPs (45 percent) reported they offered a mixture of interventions, with the majority completing a combination of consultations and therapeutic work. The need to work diversely links into the construct of mental health along a continuum. This further supports the need to adopt a holistic framework to establish the needs of children and young people. The concept of multi-agency working was a particularly strong emerging theory within the qualitative data, thus stressing the need to work within integrated teams. This was also supported by the findings of the questionnaire. Over 58 percent of EPs reported work was conducted alongside other organisations, such as CAMHS, Primary Mental Health Workers, Schools, Educational Welfare Officers, Child Development Clinics and with other learning service colleagues. This was despite disagreement of theoretical perspectives underlying the construct of mental health and psychological wellbeing. Within the qualitative data the need to adopt a different framework of practice for EPs within integrated teams was stressed, with smaller

shared caseloads, to allow flexibility and more in-depth work to be completed. The concept of integration was taken further in relation to the future direction of psychology. EPs suggested the need to develop a psychologist who solely focused on the holistic needs of children and families, taking a systemic stance and an ability to work across the different levels of intervention (direct, consultative and systems) to meet the needs of children and young people. It was felt that the artificial boundaries between clinical psychology and educational and child psychology de-compartmentalised children's difficulties and reduced the effectiveness of training and service frameworks to meet the holistic needs of children and young people.

## 6. Discussion

This chapter elaborates on the emerging theory from the findings of this research and link it to the appropriate literature and theory. The limitations of this research project are discussed, along with a critique of the methodology. The implications of this research locally and in relation to EP practice generally are reviewed and linked to possible factors to consider for further research. Finally, the chapter focuses on the self-reflexivity of the researcher in relation to his learning from and position in the study.

### 6.1 Linking Emerging Concepts to Literature and Theory

In keeping with the process of Grounded Theory, this section will review the emerging theory derived from the analysis in an attempt to make associative links to existing research, literature and theory. A search on PsycINFO using the electronic database EBSCO, was completed for the following emerging concepts and theory. Figure 20 documents the areas of emerging theory and provides a list of the terms used to search for articles. As part of the Grounded Theory linked literature review, each area of emerging theory will be discussed in an individual section within this chapter. The aim of each section is to enable the researcher to access literature, as it becomes relevant. Glaser (2002) argues that it is at this stage the researcher should access relevant literature to assist them to make sense of the emerging theory. He suggested exploring specific areas of interest prior to establishing the emerging theoretical concepts risked contaminating the data with preconceived ideas. The aim of the second literature review is to 'check out' the emerging theory and scrutinise the proposed model within the wider content of the literature, which is linked into the fundamental concepts within Grounded Theory of retroduction and abduction.

*Fig. 20 Terms Searched in Relation to Areas of Emerging Theory*

Area of Emerging Theory	Terms Searched in Database
Construct of Mental Health	Perspectives in mental health; medical model; psycho-social model; bio psychosocial model; mental health & paradigm conflict; educational psychology & mental health.
Systemic Working & Adopting a Holistic Framework	General System Theory; educational psychology & systemic working; systemic thinking; educational psychologists & organisational change.
Integrated Working & Paradigms of Mental Health	Integrated working & mental health; multi-agency working & mental health.
Shared Vision (see DECP 2006 – Multi-agency working)	Organisational change & shared vision; shared vision & organisational success team success & shared vision; multi-agency working & psychology; educational psychology and multi-agency working.
Supervision & Service Factors	Supervision models; educational psychology & supervision; psychology & supervision; time, pressures & stress.

A range of articles were selected by the researcher based on their perceived appropriateness after reviewing the abstracts of the papers generated by the database search. It is at this that the researcher is able to start to influence the research more, to develop their own meaning and understanding of the data. As a result, this type of literature review tends to be more subjective and difficult to replicate, as another person completing this research may select other articles that they deem more suitable.

The following sections focus on each area of the emerging theory and provide a review of the literature, based on the terms stated above. The aim of the review is to explore the emerging theory in a wider content.

### 6.1.1 Construct of Mental Health

A concept that emerged from the Grounded Theory analysis suggests that there was conflict between the different constructs and paradigms of mental health. This conflict acted as a barrier for some EPs, who felt uneasy with the perceived relationship between mental health, the ‘medical model’ and working from a ‘within child’ stance. The quote by Ava, Senior Specialist, summarises the general feeling:

I think the fact that CAMHS tends to work under the medical model and works with deficits in children... has put many EPs off completing mental health work... I think they feel that psychiatrists are too quick to put children on medication and possibly do not consider environmental influences on facts that could be contributing to the difficulties.

(line 88)

The aim of this section is to explore the literature on the constructs and paradigms of mental health in order to investigate possible tensions. By linking this concept back to literature, it will help validate if this issue holds true for other EPs and possibly other professionals.

As discussed in the introductory chapter, there is not a single agreed definition for mental health and psychological wellbeing. The social construction of mental health appears to have a number of different strands that are influenced by how individuals perceive and understand the world, which in turn impacts on their construct or paradigm of mental health. From reviewing the literature there appear to be a number of paradigms used by professionals to understand and make sense of mental health and psychological wellbeing, such as the 'medical model' and the 'psychosocial model'. However, these models are often seen as conflicting and in competition with each other. The prevailing approaches are discussed in more detail next.

#### 6.1.1.1 The Medical Model of Understanding Mental Health

The 'medical model' has an affinity with a 'biological model' that is based on the assumption of a biological, chemical or physical origin of a problem. This creates imbalances within the brain causing identifiable difficulties (Gerard, 2010). These disturbances are believed to cause mental ill-health and can be treated by medication that restores the balance of chemicals within the brain (Nutt, 2007). Diagnosis of biological based deficits is central to the medical model, which understands mental health difficulties by assessing symptoms—what is wrong with the person—and making clinical judgments to categorise difficulties into specific disorders. In 1980 the *Diagnostic and Statistical Manual of Mental Health Disorders (DSM)* was introduced to provide more precise guidelines to inform medical practitioners' selection of treatments (Fink & Taylor, 2008). The DSM-III was initially guided by Kraepelinian understanding of mental health and remains the most dominant paradigm used to understand mental illness. This assumes there were distinct psychiatric disorders with a pattern of recognisable symptoms that were linked to different types of brain pathologies (Bentall,

2003). Advances in new technology in genetics and brain science have added an extra dimension to our understanding of behaviour in terms of brain function. This paradigm continues to adopt a reductionist approach, which understands behavioural disorders as indicative of disturbances in the brain, which is heavily influenced by genes, which minimises the role of psychosocial factors involved in mental health and psychological wellbeing.

The medical profession continues to use updated versions of diagnostic manuals, such as the *Diagnostic and Statistical Manual of Mental Health Disorders* (2000) and the *International Statistical Classification of Diseases and Related Health Problems 10 (ICD 10)* (2004), to deal with mental health and psychological wellbeing difficulties. The creation of the diagnostic manuals was an attempt to introduce an evidence-based model to the field of mental health and move away from the concept of meaning and meaningful explanations that guided previous practice. The medical profession became disinterested and concerns about the variations of the latter approach and wanted to align itself with the dominant natural sciences that dominated other areas of medicine, which focused on objectivity and observable difficulties within a reductionist approach (Gerard, 2010). The ideology underpinning the diagnostic manuals appears sound and has been used by psychology for some conditions with well-defined organic aetiology, such as dementia (Al Mualla, 2009). However, the evidence-base supporting the categorisation and disorders included in the manuals has been criticised. Concern has been raised because of the influence of socio-political needs that have shaped the diagnostic criteria, rather than experimental evidence (Fink & Taylor, 2008).

Engel (1977) introduced the biopsychosocial model due to growing concern and recognition of the limitations of existing medical models for explaining a wide range of mental health difficulties. The biopsychosocial model adopts an eclectic stance, which includes biological, psychological and social factors, to provide a holistic understanding of illness, which could be complex and multifaceted, rather than channelled down into one isolated factor. The aim of the biopsychosocial model was to accept the complexity and interaction of many factors that could impact directly or indirectly on a person's functioning. Fundamental to the model is the concept of being curious and developing a relationship with the patients, focused on interviewing and listening, which may provide



a differential diagnosis to the initial reductionist bio-medical model (Biderman, Yeheskel and Herman, 2005).

Doherty, Baird, & Becker (1986) completed a review to establish the prevalence of the biopsychosocial model within family medicine and concluded that only a small number of professionals adopt this paradigm. Antonovsky (1989) found that the biopsychosocial model has not been incorporated into the day-to-day practice of many medical professionals and tends to be limited to certain pockets of medics in psychiatry and family medicine. The development of a relationship and having the time to sit with patients and ask complex questions places a significant demand on a professional's time and possibly explains why the model has struggled to gain dominance within the medical profession, which is influenced by organisational pressures within the health care system. (Biderman, Yeheskel and Herman, 2005).

The continued dominance of the medical model and the lack of practice focused on the biopsychosocial model has led to further criticism of the limitations of the medical model. Ballou (2002) critiques the medical model of mental health from a feminist perspective. She expresses concern regarding the medical models' association with the DSM classification system, and how this represents the mental health of women and children. She argues that the medical model ignores social context and instead applies a 'medical disease model' to social problems. Within the diagnostic framework there is an assumption of similarity, which allows professionals to adopt a 'one size fits all' approach to dealing with mental health and psychological wellbeing. As Ballou argues:

The DSM remains an exercise of fitting the child to the category rather than beginning with the system that is developmental in nature and takes a holistic approach in understanding and describing children's experiences and behaviours with in a broad social, economic, and familial framework.

(2002, p. 263)

There is another worrying trend within the medical model that has been highlighted by some commentators. Aho (2008) notes the increasingly close relationship between the pharmaceutical industry and the American Psychiatric Association. He argues that there is a growing trend for "mental health professionals to interpret everyday emotional suffering and behaviour as a medical condition that can be treated with a particular drug" (p. 143). He argues that the relationship has started to shape the practice, relationship, understanding and training of medical professionals towards a biological

interpretation of mental illness, with market forces further strengthening this position due to the demand for cost effective, short-term interventions. Aho (2008) highlights the worrying trend of expanding diagnostic criteria and the development and marketing of new medications.

#### 6.1.1.2 The Psychosocial Model of Understanding Mental Health

It is best to understand the psychosocial model as an umbrella term for a range of approaches that stress the importance of understanding mental health and psychological wellbeing issues in relation to their context. These approaches stress the importance of how ecosystemic factors impact on mental health and psychological difficulties. The growth of the psychosocial model arose due to professional discontent with the predominant narrowly focused medical model (Thornton & Lucas, 2011) and the tendency to simply transfer the evidence-based interventions from adults to children and adolescents without subsequent research (Aho, 2008). It also arose because of the recognition of developmental issues (Stormshak & Dishion, 2002). Therefore, the desire to explore and understand mental health and psychological wellbeing from a different perspective has gained momentum; in adult mental health a growing evidence-based of support is achieved through the Social Care Institute for Excellence (SCIE). The SCIE was developed in response to the National Institute for Excellence (NICE); although, it does not appears to have developed the same status. The concept of evidence-base does vary between the NICE and SCIE, with the latter focusing on qualitative research rather than randomised controlled trials, as preferred by natural science and documented in the NICE guidelines (Gerard, 2010).

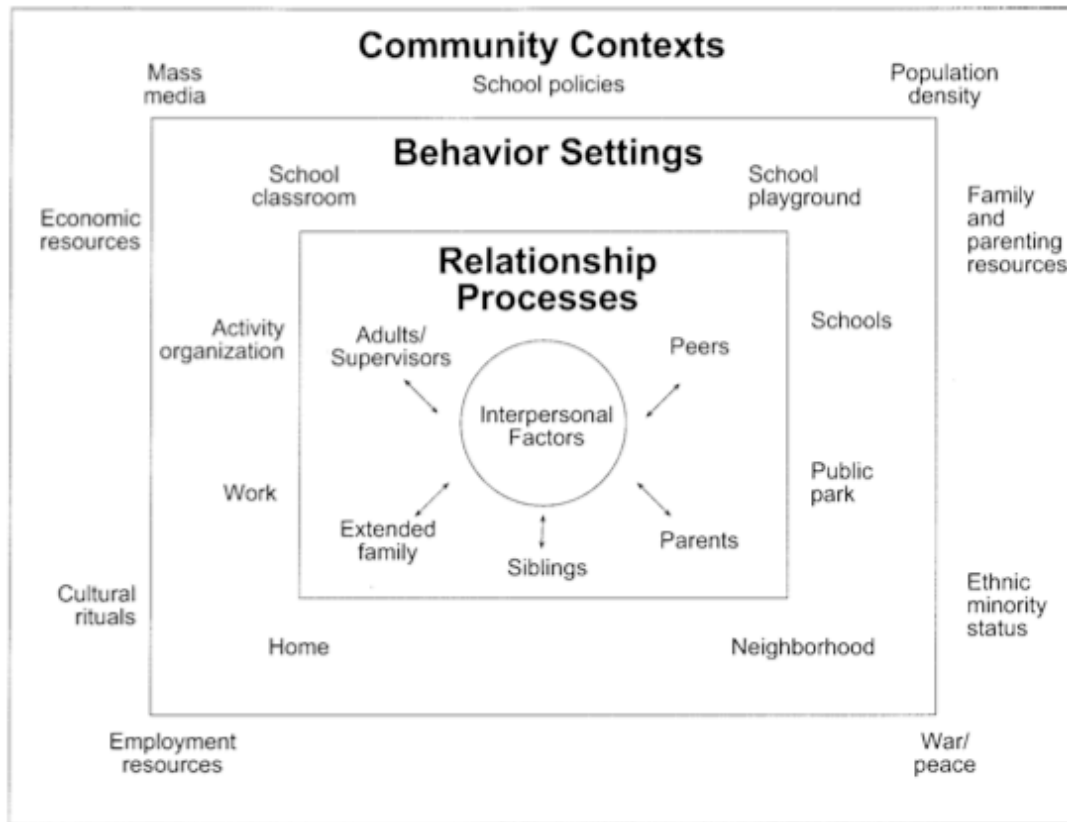
The 'recovery model' has gained some dominance and now challenges the traditional medical model. The recovery model is based on a number of key desires. It aims to enable people to build a meaningful and satisfying life, which allows them to gain active control of their lives and self-manage their mental health. The model is underpinned by social inclusion and redeveloping personal identities of people who have experienced mental health difficulties. The recovery model was created as part of a desire is to create a cultural shift in social and professional understanding of mental health and move away from the concepts of normal health, pathology and illness (Thornton & Lucas, 2011).

The concept and terminology of the recovery model has not transferred across into child and adolescent mental health; however, the need to understand child and adolescent mental health and wellbeing from a perspective other than the medical model has flourished. Psychosocial models for children and young people tend to revolve around ecosystemic, social cultural and constructionist theories. The various interpretations of the psychosocial model are underpinned by the ecosystemic work of Bronfenbrenner (1979, 1989). He suggests that children's behaviour is best understood in the context of their environment and their relationships with parents, peers, school and communities. A psychosocial model acknowledges that many intertwined aspects of a child's system impact on a child's development and progress of growth (Anderson & Mohr, 2003). In relation to mental health, this type of model adopts a more holistic framework in which a child's needs and strengths are reviewed in the context of their environment. This perspective gives weight to the role of other structures in a child's environment, such as family, peer group, school and community, in order to build a more comprehensive approach to understanding the needs of a child (DCFS, 2008).

Stormshak & Dishion (2002) provide an example of an ecological framework that acknowledges the different systems that could impact on the mental health and psychological wellbeing of children and families (see Fig.21). In keeping with the ideas of systemic thinking, the model suggests that difficult behaviour from a child could be interpreted as an indicator of other difficulties within their system (e.g. school or family) rather than indicating an issue within the child (e.g. he is just a naughty child). The central premise of this approach is that the whole is greater than the sum of its parts, with the context of each part needing to be considered. Change in any part of the system will reverberate through the system and impact on other areas (Papp, 1983).

There has been growing support for adopting a psychosocial model, even within the medical community. For example, NICE now recommends family therapy for children and young people experiencing depression, anti-social behaviour, alcohol dependence, eating disorders and schizophrenia (AFT, 2011).

*Fig. 21 An Ecological Framework for Mental Health in Children and Families*



Source: Stormshak and Dishion (2002, p. 198)

#### 6.1.1.3 EPs and Mental Health Paradigm Conflict

MacKay (2007) provides a historical context of the relationship between EPs, therapy and mental health. He notes how the development of child guidance clinics—although medically led in England—initially led to the early emphasis on EPs working with mental health and psychological wellbeing needs through delivering therapeutic interventions. He also suggests the Reconstruction Movement shifted EPs from working at an individual level with children towards being agents of change at a systemic level through the application of organisational psychological theory. The shift to a systemic focus was guided by the desire to make a difference to a large number of children, rather than working individually with a small number of children. The close association with the child deficit model within child guidance clinics highlighted the prevalence of the medical model within psychology. As MacKay argues “it was recognised that applied psychology in general, and educational psychology in particular, was still operating on a ‘medical model’” (2007, p. 10).

The views outlined by MacKay (2007) are consistent with comments expressed by EPs who participated in this research project. The history between EPs and the child guidance centres was identified as a possible explanation for the unpalatable concept of accepting hypothesis and explanations guided by the medical model. This is highlighted by Nicole:

When we split from child guidance... and I totally get this and subscribe to it as well... which kind of brought it from the medical model which they found really it's all within child, all quite sort of almost punitive and unpalatable and I suppose when you think of it, the correlation of psychiatric diagnoses between psychiatrists is so variable and less than chance, so there's a complete mistrust, and I get that, and I subscribe to it on a number of issues, so we've moved away from that.

(line 160)

The historical experience of working within a medically-led environment as documented by MacKay (2007) provides an interesting platform to understand EPs' beliefs and involvement with, what is traditionally, medical led mental health services. It is the opinion of the researcher that the 'professional historical story' linked to child guidance clinics could account for some of the uneasiness EPs in this research attributed towards the medical model perspective of mental health and psychological wellbeing. It is the opinion of this researcher that a possible interpretation from MacKay's (2007) research highlights an unresolved issue regarding the experience of working within child guidance clinics, which has left a distinct distaste in the mouths of EPs and educational psychology. The desire not to replicate the mistakes from the past could possibly be an unconscious drive influencing the future direction of the profession. Jones (2003) sheds light on the historical relationship between educational psychology and the medical model, which could possibly explain this desertification, with his statement that, "The medical model was assimilated into education in the inclusion of 'maladjusted pupil' in the categories of handicapped pupils; and in the practice of referring such pupils to child guidance clinics, which prioritised therapy over educational goals" (p. 149).

Jones (2003) postulates that EPs' involvement within the child guidance clinics led to stigmatisation and discrimination of pupils, which often resulted in challenging children being removed from mainstream education to a 'treatment environment' such as a special school (p. 148). Could the historical role of EPs in child guidance clinics be perceived as bad psychology? How will the profession reflect on their role in labelling

and stigmatising children within a medical framework in the future? Is the experience of working within child guidance clinics the profession's 'skeleton in the closet' that they would like to conceal and forget? The conflict with the medical model does appear to be unresolved within the profession. The researcher agrees with Jones' (2003) comments that to dismiss and ignore this perspective due to professional ideology will weaken the profession and reduce the quality of understanding and service that children and young people receive. The need to establish a working relationship and build upon the medical model has been expressed by others in the field. Reid et al (1998) discuss the different perspectives associated with Attention Deficit Hyperactivity Disorder (ADHD). They suggest that the medical model has been established as the dominant perspective for understanding ADHD, which is evident as medication tends to be the main intervention. Reid et al also suggest that the narrow focus of a single perspective limits our understanding of ADHD and indicate the need to adopt a functional model compatible with the medical model. The principles behind the functional model are to inform suitable interventions that will ease a person's difficulties and enable them to engage with learning, rather than to establish an underlying disorder.

It is unclear exactly how well Jones (2003) and Reid et al (1998) represent the views of the profession. Their articles read as an attempt to change the dogmatic beliefs surrounding the medical model. Other writers within the profession have been more forthcoming at expressing their concerns. Tobbell and Lawthom (2005) provide a slightly more critical review of the medical model in relation to the category of emotional behavioural difficulties. They describe how literature and professional practice have emphasised the personal responsibility of the children in managing their own behaviour that has resulted in the medicalisation of behaviour and the distribution of labels, such as emotional behavioural difficulties. They propose the need to understand emotional and behavioural difficulties within a systemic framework, challenging the medical model, to explore environmental factors that could lead to undesirable behaviour.

It would appear that the emerging theory regarding the medical model being a possible barrier preventing EPs from working more with mental health and psychological wellbeing remains consistent across the literature. The findings of the literature help to support the validity of the emergence of this theoretical code from the research. This

suggests that the concept has the potential to be generalised beyond the sample represented in this research. At best the interchange between educational psychology and the medical model can be described as inconsistent and at worst turbulent; with a great deal of variation between individual EPs and services. This area of contention is not specific to mental health and psychological wellbeing, nor is the varying views. Fisher, Fox, & Wood (1999) acknowledge similar variations between individual EPs and services in prevailing perspective for identifying specific reading problems.

#### 6.1.1.4 Conflict between Paradigms in other Professions

The conflict between the medical models understanding of mental health and psychological wellbeing and the psychosocial model of understanding is not new, nor is it specific to educational psychology. A special issue of the British Psychological Society's Clinical Psychology Forum in 2011, titled '*Clinical psychology getting lost?*' debated the developments within clinical psychology, its relationship with psychotherapy and the tendency towards individualism. In the issue, Hassall and Clements (2011, p.8) argue that clinical psychology has embraced the zeitgeist of brain-driven behaviour and pathology by adopting 'protocol-based' therapy, such as CBT, where approaches are tailored based on formal diagnosis. The publication also identifies some of the possible limitations of individualism and therapy, in particular, the impact this has on vulnerable groups, such as people with learning difficulties (Hassall & Clements, 2011). The issue offers interesting insights into the difficulties being experienced within other divisions of psychology and possibly psychology in general. Other divisions, such as counselling psychology, have noted the adoption of a medical framework for clinical psychology. Mollon (2009) highlights his concern about the power and dominance of NICE and the government over the profession of clinical psychology. Mollon (2009) argues that the specific protocols for specific diseases as recommended by NICE guidelines have led clinical psychology's understanding of mental health, towards the medical model. He states, "Decades of deconstruction of 'mental illness' and examination of the socio-cultural-political context in which mental distress evolves have been discarded in a vulgar exuberance over favourable comparisons between CBT and SSRIs [medication]" (Mollon, 2009, p. 130).

Mollon (2009) highlights the impact of the market mechanism on therapeutic approaches and reflects on the need for each approach to successfully market their

distinctive features, which make it more desirable and likely to be supported by large professional bodies. He suggests that the impact of the market mechanism is more overtly obvious in the United States, where therapeutic approaches align themselves with specific medical diagnoses, to gain support from powerful medical bodies. Elements of this dynamic are present in the United Kingdom, with NICE's endorsement of CBT. He postulates that therapeutic approaches are clearly more similar in nature. For example, when reviewing a video of Beck demonstrating CBT it is easy to identify a wide range of influencing, yet different, therapeutic approaches (see Beck Institute, 2011). Indeed, CBT is often coined 'the magpie therapy' due to its eclectic nature and incorporation of elements from other approaches. Mollon (2009) concludes the 'disease model', which underpins the NICE guidelines, has resulted in the acclaimed artificial distinctions between therapeutic approaches, as those more accepted within this perspective receive preferential support, funding and dissemination. He highlights a worrying reductionist influence on therapeutic approaches at the expense of plurality and creative thinking to develop practice. The commonality and influence of therapeutic approaches has been debated, with evidence suggesting a wide range of factors can influence positive outcomes of therapeutic interventions to a greater extent than a particular theoretical approach. Luborsky et al (2002) completed a range of research to explore what make for successful therapeutic interventions, with findings suggesting that the therapeutic alliance is the single most important factor that dictates the outcome of therapeutic interventions.

### 6.1.2 Systemic Working and Adopting a Holistic Framework

The need for psychologists to work holistically was a significant area highlighted in the qualitative findings. Systemic thinking was seen as having the ability to assess and intervene at any level within a system to meet the needs of children, young people, families and schools. This is highlighted by James, a senior EP:

I think it is the ability to look at a whole picture, whole child and systemic analysis really of what is happening to this child... in the family... in the school... what is happening to this child in their community... what is happening to the child with in themselves... so... being able to analyse all those factors... a phrase I often use for myself is... what difference will make a difference? ... sometimes this is a change for the teacher or the adult... so that type of skills you need is... that ability to analyse in a very complex pattern, with many factors in it... keeping an open mind and interests in all those factors... then clinical judgements is to say what hypothesis have I got... and what change could I implement... and could I be



a scientist in doing this, which keeps everything else will... and I have an interest in... does that of the outcome that seems to be valuable for that child.

(line 113)

To understand the impact of systemic theory and practice on EPs, it is important to explore the emergence of systemic thinking as a developing theory. General System Theory can be traced back to Vienna around the 1920s. Paul Weiss and Ludwig von Bertalanffy explored the concept of systems theory in an attempt to challenge the prevailing mechanistic concept that dominated biological thinking at this time (Von Bertalanffy, 1950; Drack & Apfalter, 2007). Although General Systems Theory derived from a biological perspective, it has impacted significantly on other disciplines, including educational psychology. In 1956, Kenneth E. Boulding published the article *General Systems Thinking – The Skeleton of Science*, which proposed nine levels of organisation that could be used to explain the ever-increasing complexity of social systems. Boulding explains that as we pass through each level of his model a more complicated image of the world is created. This new image requires more sophisticated interpretation, measurement, awareness and evaluation (Wilby, 2006). Systemic thinking can be traced back in educational psychology to the 1950s, when there was a shift away from pathologising difficulties within children, to looking at the problems that arise within a family system (Fox, 2009). Prior to this change, educational psychology had been medically led and as a result focused on individual psychometric assessment to ascertain suitable academic placements for children (Stobie, 2002). In an attempt to distance itself from its historical roots of pathologising children, educational psychology appears to have fully embraced systemic thinking, which has been influenced by government legislation. The systemic focus for educational psychology was further reinforced by the Warnock Report (DES, 1978) which introduced the idea of individual difference and the unique needs of children. This report suggests that environmental and contextual issues need to be addressed and are as important as intelligence and ability. Therefore, the Warnock Report prompted EPs to look at the impact of systemic factors that could contribute to the difficulties of children, and intervene at this level.

The principles of systemic thinking and the influence of the Warnock Report not only added a new dimension to the way that EPs worked with schools, families and children but also introduced a new way of understanding child development, based on developmental theorists such as Bronfenbrenner (1979), Gibson (1979) and Vygotsky (1960). In many ways, the influence of systemic thinking on educational psychology

resulted in a natural progression towards EPs looking at systemic influences on children and highlighted the need for interventions at an organisational level. Gillham (1978) identifies the shift in EP practice from individual work with children, towards school level interventions addressing policies and structure. The focus on whole school level work was further supported by the premise that this would address issues that affected many pupils, which in essence requires one intervention at the organisational level (Stratford, 2000). Arguably this way of working offers a more efficient way of working for EPs, as the time needed to solving each child's individual needs would be greater. Working at an organisational level could also reduce the repetition of similar issues identified by schools and the consequent replication of EP requests.

There appears to be a degree of consensus that it is appropriate for EPs to apply organisational psychology within educational settings. The importance of working at an organisational level and how this type of work is a central aspect within the role of an EP is highlighted by the *British Psychological Society's Educational and Child Psychology Journal* (DECP) dedicating a full issue to the subject in 2000 titled Organisational Change. Within this special issue a number of areas were discussed; for example, Roffey (2000) discussed a whole school approach to bullying, which looked at the impact of organisational models of behavioural management and its impact on staff and pupils. Behavioural issues were explored in more detail by Lloyd-Bennett and Gamman (2000) and Baxter (2000) who looked specifically at primary schools. Sutoris (2000) considered schools from a psychoanalytic perspective and looked at how teacher, pupil and school interaction is linked to academic achievement. Durkin (2000) used a systemic framework to consider the thoughts and feelings of children during the transition from primary to secondary school. The remainder of the articles looked specifically at the role of EPs working at an organisational level (Stoker, 2000; Stratford, 2000; Sharp, Frederickson & Laws, 2000). Since its publication in 2000 the momentum of systemic and organisational change research appears to have continued, with publications appearing regularly in a range of educational psychology journals.

The interpretation of what is 'organisational change' and the concept of 'working systemically' are subject to confusion and overlap. It could be argued that at one end of the continuum EPs work systemically applying the principles of General Systems Theory through work such as systemic family therapy and joint family-school interventions. The

other end of the continuum tends to be influenced by the systems analysis movement, which is more focused on indirect methods of work targeting school policy and structural changes (Frederickson, 1990). Furthermore, the relationship between the distinctly different approaches of 'systemic thinking' and working with systems at times can be confusing. Fox (2009) comments that the various interpretations of systemic thinking by EPs over the last 50 years documents the confusion between systemic work and systemic thinking; however, he concludes that the two approaches are so inter-related that they almost have to occur together. Indeed, possessing the skills to apply systemic thinking to both families and organisations provides EPs with a useful skill base to affect a wide range of positive changes in mental health and psychological wellbeing for children and young people.

### 6.1.3 Integrated Working and Paradigms of Mental Health

Over 58 percent of respondents to the research questionnaire commented that they complete work of a mental health and psychological wellbeing nature in collaboration with other agencies, such as CAMHS, Primary Mental Health Workers, Schools, Educational Welfare Officers, Child Development Clinics and with other learning service colleagues. Part of the emerging theory from this research also suggests that the different perspectives and understanding of mental health and psychological wellbeing act as a potential barrier to multi-agency working. Despite the potential pitfalls, joint working between professionals was a prevailing concept that emerged when EPs discussed the future direction of the profession and how best to meet the needs of children and young people. As James, a senior EP, stresses:

I think my main relationship is with schools and it shouldn't be... it should be with the team around the school... my main relationship should not be with the individual school... it should be with the people who are helping schools in my community... all the work that comes in should come into that group of people.  
(line 252)

The aim of this section is to review the literature regarding the impact of multi-agency working on managing the various paradigms of mental health, exploring any tensions identified, and if so, what strategies have been explored to encourage effective working.

There has been a significant movement within government literature on mental health to highlight that mental health is 'everybody's business' due to the overlap in services accessed by children experiencing mental health and psychological wellbeing difficulties

(Ford, Hamilton, Meltzer & Goodman, 2007; CAMHS Review, 2008). The extent of the overlap between services is argued to support the need to develop integrated working between services. Potential pitfalls have been noted regarding the variation and orientation of different professionals and their models of working. The CAMHS review points out:

There are four main statutory systems across education, health, social care and youth justice that are designed both to help the child or young person, and to protect others. The different theoretical perspectives, training routes and legal frameworks that shape each of these systems lead to different ways of describing and framing these problems.

(2008, p. 15)

Although not discussed in detail, MacKay (2007) alludes to the difference between the location of child guidance clinics in England and Scotland. The clinics in England were located and led by medical services, whilst in Scotland clinics were located within local authorities and led by education. Although the differences may seem subtle, the lead professionals and the service structures in which they operate may well dominate the predominant model of service delivery, such as medics working within a medical model. Interestingly, child guidance clinics continue to be run in Scotland within local authorities.

Reviewing the construction of the label emotional and behavioural difficulties, Jones (2003) provides a critique of the educational model of understanding emotional and behavioural difficulties. She comments that the anti-medical movement within the profession has led EPs to withdraw from important debates and limit their input into the psychological understanding of difficulties children experience. Jones states:

In the educational context, 'ecological' thinking became implicitly polarised into an either/or assumption. This divides people into 'us' who know that the behaviour problem originates within the school environment, and 'them' who falsely believe that the problems originate within the child.

(2003, p. 152)

Jones (2003) concludes that acknowledging the existence of the 'medical model' as an explanation of understanding childhood difficulties is often misconstrued as advocating the approach. She suggests that the ambivalence regarding the medical model has resulted in the existence of highly fragmented services for children and young people. Reid et al highlight similar concerns regarding the polarisation of mental health perspectives between professions regarding ADHD. They argue, "The temptation to

dichotomise the medical and functional perspectives into 'good or bad' or 'false and true'... would fail to capture the complexity of the notion of ADHD" (1998, p. 64).

The dichotomy of perspectives into 'good' or 'bad' is not limited to ADHD. Indeed it could be argued that the dichotomy of mental health models and perspectives into 'good' or 'bad' fails to capture the complexity of need for children and young people we work with who experience issues with mental health and psychological wellbeing. For integrated working to be truly successful there is a need for understanding and tolerance. Professionals need to be able to manage their anxieties, to reflect on their ideology and to be open to explore alternative opinions as this is more likely to facilitate joint working and a more detailed understanding of all aspects of an issue. The need to tolerate and share knowledge and training has been highlighted in research exploring joint working between schools and CAMHS. Pettitt (2003) completed a comprehensive review of effective working between CAMHS and schools, as part of a research project funded by the Mental Health Foundation. The report describes a number of strategies that could improve and develop joint working between the education and mental health sectors, such as:

- Joint training to be established between EPs, CAMHS and educational specialists to be delivered in schools and community based settings;
- The development of a Local Authority strategy to guide and support joint working;
- Establishing Tier 2 CAMHS within Local Authorities and creating shared budgets;
- Building understanding of different cultures between education and health sectors; and
- Create formal integrated linked between CAMHS, EPs and other educational services.

Dawson and Singh-Dhesi (2010) document an example of how EPs can work as part of a multi-disciplinary setting in order to improve psychological wellbeing, as part of a local TaMHS project. They suggest that multi-agency working allows EPs to apply psychology within a community setting which strengthens and broadens their professional role. The project provides an example of how different agencies from social services, health, education and the voluntary sector can be brought together with a shared vision and framework to meet the mental health and psychological wellbeing needs of children,

young people and families. The article provides an excellent example of multi-agency working, with professionals' time being divided between direct work, training and consultation. Dawson and Singh-Dhesi (2010) also discuss the expanding role of EPs within the project and clearly document their involvement in all aspects of the project. Interestingly, some interventions took place in GP surgeries; this might be a significant way of accessing work if GPs are given responsibility for managing NHS budgets, as proposed in the Health and Social Care Bill (Department of Health, 2011).

There is only limited research looking into theoretical perspectives and multi-disciplinary working for children and young people; however, more is available in relation to adult mental health and integrated working. Colombo, Bendelow, Fulford & Williams (2003) explored the relationship between theoretical models of mental health and shared decision-making within integrated teams, through the use of case vignettes. The results highlighted the division between psychiatrists, who identified consistently with the medical model, and social workers, who unanimously did not use the medical model explanation. The explanations suggested by the social workers were more varied, which could be related to the complexity of the framework in which they operate and the greater breadth of scope this framework provides. The research suggests that the medical model exerts a substantial amount of power within mental health, which develops an unhealthy working structure in which other perspectives are restricted. The dominance of one model of working within an integrated team appears to lead to conflict and misunderstanding between professionals and service users (Colombo, et al, 2003).

Nathan and Webber (2010) reflect on the experience of social workers employed in a mental health capacity by the NHS. They comment that the psychosocial model of understanding has been diluted as social workers and social theory have become marginalised within mental health settings. Nathan and Webber (2010) suggest that as a result social workers feel undervalued and misunderstood. They suggest that the power and dominance of the medical model has influenced the use of medical language within the profession, such as 'patient' and 'diagnosis'. Nathan and Webber (2010) highlight the tendency for a social worker to feel unable to challenge the medical perspective and highlight a psychosocial understanding of some of the difficulties they encounter. They highlight that:

Discussion on that issue was cut short by the consultant psychiatrist because the priority was sorting out medication. Any explanation of using a bio-psychosocial perspective to plan her care had now become reduced to a bio-medical view. What was striking was that there was no protest.

(Nathan & Webber, 2010, p. 21)

The need to distinguish between theoretical models of practice and models of practice delivery appears to be clear within the literature and within the findings of this research. There is a need to develop tolerance and understanding regarding different perspectives and models of practice, especially if professions are going to work within an integrated framework. A consistent strategy suggested for developing integrated working is pursuing joint training and developing acceptance regarding the benefits of understanding different perspectives when exploring complex and challenging difficulties.

#### 6.1.4 Shared Vision for EPs and Multi-Agency Working

The need to develop and work within a service and a profession that is guided by a strong-shared vision was a significant aspect of the emerging theory derived from the interview data. The need for a shared vision was highlighted in all aspects of the educational psychology system, including EPs, services, universities and customers, such as schools. The concept of a shared vision appears to transcend educational psychology services and educational psychology as a profession. The need to develop a shared vision for psychology, in general, and in relation to children and young people, specifically, was also highlighted.

The development of a shared vision was highlighted as an integral factor that would assist in addressing a range of difficulties, which would provide a platform for the profession to expand and develop. Participants suggested that a shared vision would reduce a significant amount of confusion and uncertainty they experience in their role as an EP. During the interviews, Nicole suggested: *“I guess for me I think it kind of goes back, as far as I can work out, to a degree of uncertainty about the role and function of an educational psychologist”* (line 47). This idea was further outlined by James, Senior EP, who stated: *“I think because psychologists aren’t very clear about what they do, other people are not clear about what they do... so who is going to support this new type of psychology”* (line 187). Nicole adds: *“We haven’t actually, as a profession, entered into a*

*new zeitgeist or a new paradigm about what is the psychology that we are going to provide to schools and children in schools”* (line 64). As a result of these insights, it was felt that the development of a shared vision was a fundamental cornerstone, which needs to be securely developed to provide a firm foundation for EPs to engage in more work of a mental health and psychological wellbeing nature.

The pursuit to develop and establish the unique contribution of EPs has been a well researched but somewhat illusive quest. Recommendations to establish a new way of working and to be clear about the role of EPs and the work they undertake is evident in a number of major reviews from Gillham (1978) to more recent ones by Kelly and Gray (2000) and Farrell et al (2006). Gibb (1998) identifies the continued practice of EPs to offer training sessions on their role as part of INSET training as an indication of the failure of the profession to establish a clear vision and communicate their role. There have been a number of areas of work that continue to be associated with the role of EPs namely statutory assessments and the use of psychometrics, despite significant efforts by members of the profession. There have been many calls for a reduction in the ‘gate-keeping’ role of EPs managing resources for children with special educational needs and for broadening the role of EPs beyond psychometric assessments (Gillham, 1978; Kelly & Gray, 2000; Farrell, Woods, Lewis, Rooney, Squires, & O'Connor, 2006). The application of the ideologies to professional practice appears to present a significant barrier. A review of educational psychology practice was completed in 1999, as part of a special issue of the *Educational Psychology in Practice Journal*. The findings suggest that the principles of the Reconstruction Movement have not been fully incorporated into practice and still remain a challenge for the profession (Gillham, 1999). Leyden (1999) notes that many of the aspects of practice identified in the Reconstruction Movement as being out dated and in need of change still formed a significant part of the EP role in 1999.

The difficulty of the Reconstruction Movement to shape the professional practice of EPs for a period of over thirty years indicates the magnitude, and possibly unobtainable quest, to establish a shared vision for the profession. MacKay (2002) summarises the complex system with its different ideologies and the pressure exerted by other aspects of the system shaping the role of EPs:

Educational Psychology is a service that one party (children, parents) receive (often whether they want it or not), usually requested for them by a second party



(teachers or head teachers), but funded by a third party (education authorities) using funds that are not their own, but are provided by a fourth party (the taxpayer), to meet the statutory requirements imposed by a fifth party (the Department for Education and Employment), at the hand of a sixth party (educational psychologists), the availability of whom is largely dependent on the organisation, interests and economics of a seventh party (the universities). Is it any wonder that the profession is marked by role conflict?

(2002, p. 246)

The desire for the profession to broaden its role has a paradoxical effect of introducing further diversity of EP practice at the expense of a coherent and consistent shared vision of the role by the profession. An emerging concept from the research suggests that the high level of personal autonomy of EPs further contributes to complexity, as each professional is able to shape their practice, based on their personal interpretation of what it is to be an EP. As Nicole highlights:

But we have such high levels of autonomy that it almost comes down to what's the EP interested in. If they're interested in direct work, they can do that. If they're interested in systems work they can do that. If they're interested in having a quite soft, cushy time, they can do that. We're masters of our own fate, far more than... I can't think of any other profession that has as much freedom as we do.

(line 203)

The need for a shared vision is not limited to educational psychology. As previously stated, clinical psychologists have asked similar questions about their role and practice. The blurred boundaries between the different divisions of psychology were identified as an emerging concept linked to the willingness of EPs to work with mental health and psychological wellbeing issues. James, a senior EP, suggests that there is a need to merge educational and clinical psychology:

It seem silly to me that there should be clinical psychologists and educational psychologists both working with children... but there should be psychologists working with children and obviously I don't take a within child model, so you would then be looking at families and communities and then the places that children and families find themselves in.

(line 92)

MacKay (2007) explains that the division of psychology was an artefact of employment structures as the role for psychology was required to fit within existing occupational frameworks, such as education, health and prisons, rather than due to a fundamental difference in the approaches psychologists use. MacKay (2007) further comments that psychologists would often complete a process of lateral transfer, which allowed them to

work across the various divisions of psychology. However, the process of transferring between divisions looks a little more uncertain with the introduction of statutory regulation by the Health Professions Council (HPC) (British Psychological Society, 2011). Leyden (1999) suggests that there should be a shift away from a system based solely on EPs towards using applied psychologists, who are influenced by the practice and knowledge of other areas. The HPC has protected the title 'practitioner psychology' as a more generic term that can be used by a HPC registered psychologist (HPC, 2009). It is not beyond reason to suggest that with the blurring of the role between psychologists there could be some form of single training (Stobie, 2000). Those so trained would eventually specialise in a particular area, such as child or occupational (Gersch, 2004). In 2007, the BPS produced a document titled '*New Ways of Working for Applied Psychologists in Health and Social Care*', which reviewed a wide range of issues for the profession, such as: a new role for psychologists pre-doctoral training; a review of the training models for psychology; team working; and increasing access to psychological therapies. As part of the project, the separate training routes for the different divisions of psychology were reviewed with the prospect of developing an integrated training model. One of the recommendations is that members of the training committee should establish a working group to explore the possibility of joint training between child, clinical and educational psychology (British Psychological Society, 2007).

The emerging concept of the need to establish a shared vision for educational psychology, which includes training centres, services, practitioners and service users, is recognised within educational psychology literature. The need for a shared vision extends beyond specific divisions of psychology, with the profession as a whole exploring the need for a more integrated approach through shared training and applied psychology (see Hassall & Clements, 2011; MacKay, 2007).

#### 6.1.5 Supervision and Service Factors

The direction and orientation of the service delivery frameworks have massive repercussions on the nature and type of work EPs undertake. The emerging theory regarding the need for good quality supervision structures to support more in-depth work was recognised by all EPs, no matter the location of the service. The availability of suitable supervision structures does appear to vary depending on the vision of the

service and the amount of in-depth work EPs are likely to complete. If services want EPs to complete more in-depth therapeutic work, then Nicole argues:

Another biggie is supervision structures. Recently, I was doing some quite intense work with a boy and went to supervision with \*\*\* and he said “look \*\*\*, it’s not fair on me because you’re offloading quite intense mental health issues onto me and I don’t have anywhere to put that. We’re not a mental health service so you’re getting involved with work that actually your supervision structures don’t support you for... and that was a real eye opener for me.

(line 120)

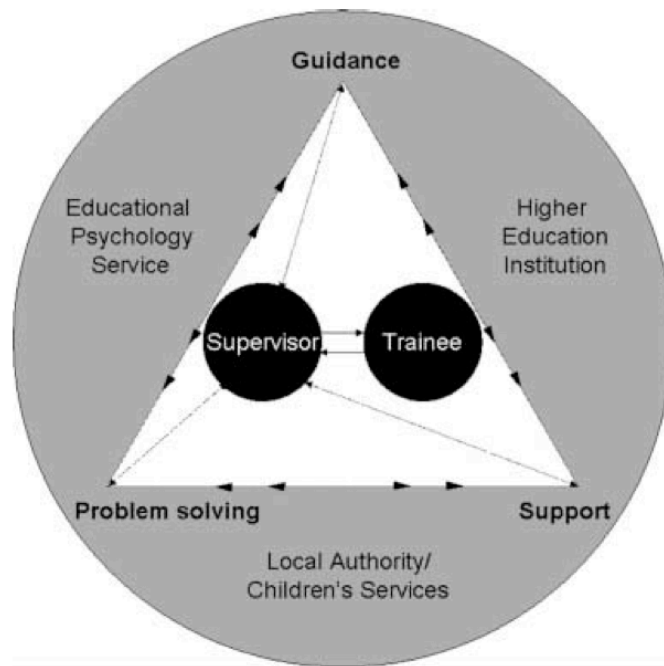
Leadbetter (2000) reviews the service structures available to provide supervision for EPs. Findings from this research suggest that 79 percent of services have a supervision framework in place, with a tendency for top-down line management supervision. Interestingly, a number of services felt that team meetings provided adequate supervision. There appear to be different opinions within the profession regarding the purpose of supervision and the models used to guide this process. It is unclear exactly how much supervision EPs have once they are qualified. The majority of research regarding supervision in educational psychology has focused on trainee EPs.

Atkinson and Woods (2007) propose a model for effective fieldwork supervision with trainee EPs. Their research ran over a 6-year period and included a postal questionnaire and a series of focus group meetings of fieldwork supervisors. EPs felt that the fundamental aim of supervision was to provide guidance, problem solving and support appropriate to a trainee’s needs. They highlighted the need to ensure effective communication between the trainee and the supervisor as being a key aspect behind successful supervision. Figure 22 demonstrates the interaction on the many factors that need to be considered regarding supervision of trainee EPs.

Although this research is specifically focused on trainee EPs, the statutory registration provided by the HPC has placed a greater focus on the need for regular supervision of all staff, which has required services to look more closely at their supervision policy. Carrington (2004) argues “Educational Psychology Services need to place a much greater emphasis on creating a culture of learning and development that is evident at every level of the organisation, from the [trainee] starting out of their first fieldwork placements to the top managers” (2004, p. 39-40).

**Fig. 22 Atkinson and Wood's Model of Supervision Diagram**

Source: Atkinson and Woods (2007, p. 307).



The profile of supervision within educational psychology has become more prominent. The BPS produced guidelines for the professional supervision of EPs, which were developed by Dunsmuir and Leadbetter (2010). The BPS suggests:

Good supervision has an important role in assuring quality standards of service delivery and supporting service development. It should address both the well-being and professional supervision of the supervisee but also attend to the outcomes for children, young people and their families.

(Dunsmuir & Leadbetter, 2010, p. 3)

The BPS report suggests that all EPs, whatever the stage in their career, should receive professional supervision. The document details the need for additional supervision of a more specific nature due to the diverse range of settings in which EPs are now employed. The guidelines stress the importance of personal and professional development within a reflective space for EPs and highlight the difference between this type of supervision and line management. The document provides a comprehensive guide to establishing good supervision structures within a service. The model below (Fig. 23) indicates the need to cover a number of different areas when focusing on supervision, based on the specific competencies of the supervisee.

*Fig. 23 BPS Supervision Competencies*



*Source: Dunsmuir and Leadbetter, (2010, p. 8)*

The systemic role of supervision within an organisation is not always fully acknowledged and supported within educational psychology, as its acceptance has been limited. The relationship between a caring and supportive organisation, supervision and the quality of professional practice has been discussed in other professions, such as family therapy. Dishion and Stormshak (2006) offer an ecosystemic perspective on the importance of supervision. They suggest that the environmental factors surrounding a service are likely to impact on the performance of their professionals; for example, low pay, high workload, poor training and lack of supervision are likely to reduce the performance of therapists. The concept is similar to the ecosystemic approach adopted to understand children's behaviour. Why would environmental factors only effect families and not work environments? As Dishion and Stormshak argue:

Just as children and families can be viewed in light of complex community ecology, therapists can also benefit from the same perspective. We propose that therapists require emotional, material and social support to maintain the high levels of functioning necessary to be effective in working with children and families in distress.

(2006, p. 221)

Could some of the difficulties identified by EPs in this research act as a barrier preventing them from engaging in mental health and psychological wellbeing, be a

symptom of a profession that has neglected to invest time to professional support and development, due to the culture associated with tight deadlines and heavy workloads? As Lunt states: “It may be suggested that a measure of the extent to which a profession [or service] values itself may be the extent to which it nurtures and supports its own members” (1993, p. 11)

Part of the emerging theory highlighted issues regarding organisational structures and the pressure of EPs’ workloads. Issues about the type of service model used appeared to be highlighted as a major factor preventing EPs from engaging in more in-depth therapeutic work, as the time allocation model does not always allow them the flexibility to be able to work differently due to established commitments and agreed visits. The precise formula used as part of this model of working appears to dictate the framework of practice for EPs, that is consultation, due to time factors. Leadbetter (2000) completed a review of the service delivery methods used by educational psychology services. Her findings suggest that a time allocation model was the overriding model of choice. Services that adopted this way of working tended to work under a consultative framework, with complex equations dictating the amount of time each school received. Leadbetter (2000) finds that services using an allocated model approach tended to offer less flexibility for EP practice. These findings support the emerging theory developed from the interviews in this research, which suggest that the allocation model is no longer sustainable due to the reduction in the number of EPs. This reduction has led to a higher number of schools in an EP’s allocated patch, which reduces the opportunities to complete more in-depth work. As Val confirms:

in an ideal world yes [the allocation model is good] because then you establish the relationship, but were not in an ideal world now and services have been so cut I don’t think that model is sustainable any more... I think it is the best model but we can’t deliver on that now.

(line 121)

#### 6.1.5.1 Time

Time was an important concept that emerged from the Grounded Theory analysis, which contributed significantly to EPs feeling stretched and under pressure: Val highlights this aspect:

for me, it is massively about time and the cuts we have been experiencing in our service that have happened, meaning that we are reduced in our work capacity to respond to any of these issues...erm... if we cut to only being able to do statutory assessments... that prevent us from working therapeutically.

EPs commented that they found it hard to find the time to commit to more in-depth work, due to large numbers of schools and the unpredictable demands of statutory assessment. The pressures of time and the link to complex casework have been recognised within the literature. Boyle and Lauchlan (2009) review the relationship between EPs and casework and suggest the need to return to, and embrace, this type of work as schools and families hold it in high regard. They suggest that the Reconstruction Movement led by Gillham in the 1970s has contributed to a “massive insecurity complex and crisis of confidence” that has created a shift away from casework with individual children, resulting in an important area of psychological practice becoming devalued and EPs becoming deskilled (p. 81). Boyle and Lauchlan (2009) explore some of the obstacles that have been identified as getting in the way of direct work, such as time, statutory work and expectations. They pose the question “But are these reasons for not applying psychology, or excuses? One is tempted to say the latter” (p. 74). They highlight an interesting link between the perception of casework and the historical association with psychometric testing. This association can be traced back to the earlier debate about working within a medical model, as psychometrics formed the basis of much of the work EPs completed, which incorporates a child deficit model, when placed in the child guidance clinics. This association highlights the complexity of the relationship between EPs and the medical model, which has possibly become engrained within the organisational structures of educational psychology services. Boyle and Lauchlan (2009) conclude by stressing the need to reframe the EP construct of casework and challenge the historical association with psychometrics, as individual casework has developed significantly to incorporate therapeutic interventions underlined by ecological approaches.

## **6.2 Model for EPs to Engage in Mental Health and Psychological Wellbeing Work with Children and Adolescents**

Based on the findings of this research a number of areas have been identified to support EPs to engage in more work of a mental health and psychological wellbeing nature. A model has been developed to demonstrate the interaction of various theoretical concepts that would provide a conducive framework for EP and other services to meet

the mental health and psychological wellbeing needs of children and adolescents. The remainder of this section will discuss the individual concepts of the model in order to build a clear picture of the overall framework.

### 6.2.1 Clear Service and Professional Vision

A core concept from the Grounded Theory identified the need to develop a clear vision at an individual, service and professional level. This issue was summarised by James, Senior EP, who stated: *“I think because psychologists aren’t very clear about what they do, other people are not clear about what they do... so who is going to support this new type of psychology”* (line 187). The development of a clear vision of the role of EPs in working with mental health and psychological wellbeing provides a fundamental component that will impact on all the other factors identified, such as providing a consistent service, developing shared expectations and providing EPs with clarity in their role within integrated working. For example, if a clear vision is not established at a service level, then it is unlikely that the remaining areas will be implemented in a fashion that permits the development of confident and competent EPs, who are willing to work at a more in-depth level with mental health and psychological wellbeing and the challenge the prevalent medical perspective (Nathan and Webber (2010).

The development of a shared vision has been highlighted in major reviews of the profession (Gillham, 1978; Kelly and Gray, 2000; Farrell et al, 2006); however, it appears problematic due to the nature of the profession. As Mackay (2007) notes the complexity of EP work and suggests the quest for a shared vision for the profession as a whole is unobtainable. This model identifies the need to develop a specific shared vision in relation to EPs involvement with mental health and psychological wellbeing. The shared vision does not have to be accepted by the profession as a whole, but agreed by individual EPs, within teams or services, who are thinking of pursuing work of this nature. The model proposes the shared vision between the individuals completing the work is fundamental, which may evolve and change overtime. Diversity in shared vision is likely to occur between different groups of EPs and different services, as a result of social, cultural, political and ethnic factors. By focusing debate on one domain, which takes into consideration the local factors and influences, the development of an agreed shared vision may be more achievable.



### 6.2.2 Conducive Service Framework

EPs commented that the framework of practice operating in services has a major influence on the amount of time they feel able to commit to completing more in-depth therapeutic work, as stated by Val:

For me, it is massively about time and the cuts we have been experiencing in our service that have happened, meaning that we are reduced in our work capacity to respond to any of these issues...erm... if we cut to only being able to do statutory assessments... that prevents us from working therapeutically...

(line 31)

Service frameworks need to be eclectic in their approach and work across a continuum of interventions, which includes consultation at one end and direct therapeutic work at the other. It is hoped that an eclectic framework will provide an opportunity for EPs to work preventatively with a large number of individuals, through consultations and systemic work, whilst providing highly skilled psychological interventions to children, adolescents and families experiencing complex difficulties, as noted by James:

I think it is the ability to look at a whole picture, whole child and systemic analysis really of what is happening to this child... in the family... in the school... what is happening to this child in their community... what is happening to the child with in themselves... so... being able to analyse all those factors... a phrase I often use for myself is... what difference will make a difference?

(line 113)

The aim of an eclectic framework is to provide EPs with the skills and opportunities to work across a broad range of needs, applying psychology to meet the needs of children and young people. A conducive service framework will only be established if there is a clear-shared vision within the service about the role of EPs in working with mental health and psychological wellbeing. EPs will need to be supported by their service framework to provide the time needed to work at a more in-depth level, which will need to be protected from competing demands, such as statutory work, as highlighted by Nicole:

Time is a massive one, because you can't commit to certain things and then have to cancel them, so I was doing certain bits of work and then I had a rush of SAs and had to cancel it and that leaves a bad taste in the mouth because ethically you're setting something up and then you're having to say sorry I can't come in.

(line 111)

### 6.2.3 Good Supervision

It is necessary for services to provide containment for EPs dealing with complex and challenging work (Dishion & Stormshak, 2006). It is also imperative that good

supervision structures are established, with EPs receiving consistent and regular supervision specific to their needs (Dunsmuir & Leadbetter, 2010). It was noted by Nicole that mental health and psychological wellbeing work was often emotionally draining. She commented:

It's not nice being around people with mental health issues... it is well documented... it's uncomfortable so unconsciously I think it's very easy and understandable to not have to deal with it, sitting in a room with a child who is really depressed or suicidal or whatever.

(line 236)

There is a need to ensure that supervision structures are in place to enable emotions and risks associated with working therapeutically with children and families with complex needs to be managed. Without suitable supervision, it is likely that this type of work will have a negative impact on the practitioners, leaving them feeling deskilled and anxious, as noted by Ava: *"I thought this could be interesting and was quite keen to get involved in a complex piece of work, but at the same time I was quite anxious — maybe this is something that psychiatrists should be dealing with the boy was threatening to violently kill people"* (line 17). If services would like to engage in work of this nature then it is imperative that service structures are in place to meet the needs of their employees, which means services will have to reflect on the value they attribute to supervision of qualified EPs (Leadbetter, 2000; Dunsmuir & Leadbetter, 2010).

#### 6.2.4 Continued Professional Development and Training

There is a need for services and individual EPs to focus on developing the wide range of skills necessary to complete mental health and psychological wellbeing work. Nicole noted mental health and psychological wellbeing did not form a significant amount of the training she receives and explained work in this area is often avoided as a result of perceived lack of knowledge:

It means that because we haven't been told about certain things, we can duck out of really engaging them face on and you know depression, ok it's a social construct, but actually we've got some really good evidence on what it looks like to be depressed, or feels like to be depressed and what life circumstances, life trajectories are like for young people, children, who are depressed

(line 76)

Continuing professional development (CPD) and training — as well as good quality supervision — can provide an integral component for ensuring EPs remain knowledgeable, confident and competent to complete mental health and psychological

wellbeing work. It would be useful for CPD and training to be guided by the service vision, with some whole service training that complements the service framework. Dylan highlights the pitfalls of exploring CPD options that do not complement service frameworks:

It's really when things come through from the AEP service, that there could be particular courses that you think it might be interesting to find out a bit more about that, but you kind of don't really follow up on it. I mean if there's something that - because again it's having the opportunity to apply that within your work. It's one thing to go on the training but then often if you're not able to use that...  
(line 103)

### 6.2.5 Confident and Competent EPs

Through good supervision, training and CPD it is likely that EPs will feel confident and competent to work with mental health and psychological wellbeing. It is imperative to have a work force that is well trained and supported, as this will influence the quality of work they complete (Dishion & Stormshak, 2006; Lunt, 1993; Dunsmuir & Leadbetter, 2010). It will also enable EPs to feel more able to manage the vicissitudes of integrated working, which has been noted by other professionals who aim to challenge the prevalent medical perspective that dominates mental health and psychological wellbeing (Nathan & Webber, 2010).

### 6.2.6 Integrated Working

Integrated working was identified as a significant area of development that would provide EPs with the opportunity to engage with more in-depth work, with less focus on providing support to schools and more focus on integrated working and providing support to families. James, Senior EP, explains a concept of integrated working:

I don't mind the allocation being in schools because the schools belong to a locality and I quite like the idea that I'm the psychologist for a certain locality... but I think my main relationship is with schools and it shouldn't be... it should be with the team around the school... my main relationship should not be with the individual school... it should be with the people who are helping schools in my community... all the work that comes in should come into that group of people...  
(line 251)

It was felt that working as part of an integrated team would facilitate the adoption of a holistic framework to meet the needs of children and adolescents. For example, Bella, Integrated Service Manager, discussed how EPs were linked more closely with community CAMHS, which increased the diversity of work they completed:

all our referrals CAMHS referrals come from one single point of entry... and we do triage... so anyone who makes a referral, whether it's a GP, schools, CAF or a self referral, it goes through a triage and our Tier 2, which is our community CAMHS who are part of our team and the Tier 2 specialists who are part of the separate Tier 3 team, meets once a week and decide where these cases should go... so it's a triage process... so what we would like would be for some EPs to pickup some of those cases that have come through that process... so they are not coming through the normal EP referral routes... they are actually coming through the CAMHS route...

(line 18)

It was thought that integrated working would remove the apprehensive boundaries between services, which would enable professionals to work with the aspect of the system that will have the biggest impact for the child or adolescent. The model uses integrated working mechanisms to mobilise the principles of the CAMHS Review (2008), which acknowledge the need for other professionals to meet the mental health and psychological wellbeing needs of children and young people, as 'mental health is everyone's business' (p. 27). There is a need to ensure that EPs feel competent and confident to work in an integrated framework, where they can contribute valuable knowledge and skills utilising multiple theoretical perspectives to challenge and develop the dominant medical perspective of understanding mental health and psychological wellbeing (see Nathan & Webber, 2010).

#### 6.2.7 Holistic Framework

EPs identified strongly with the need to work in a holistic manner in order to meet the complex needs of children and young people. This type of approach is heavily guided by systemic and ecological theory, as described by James:

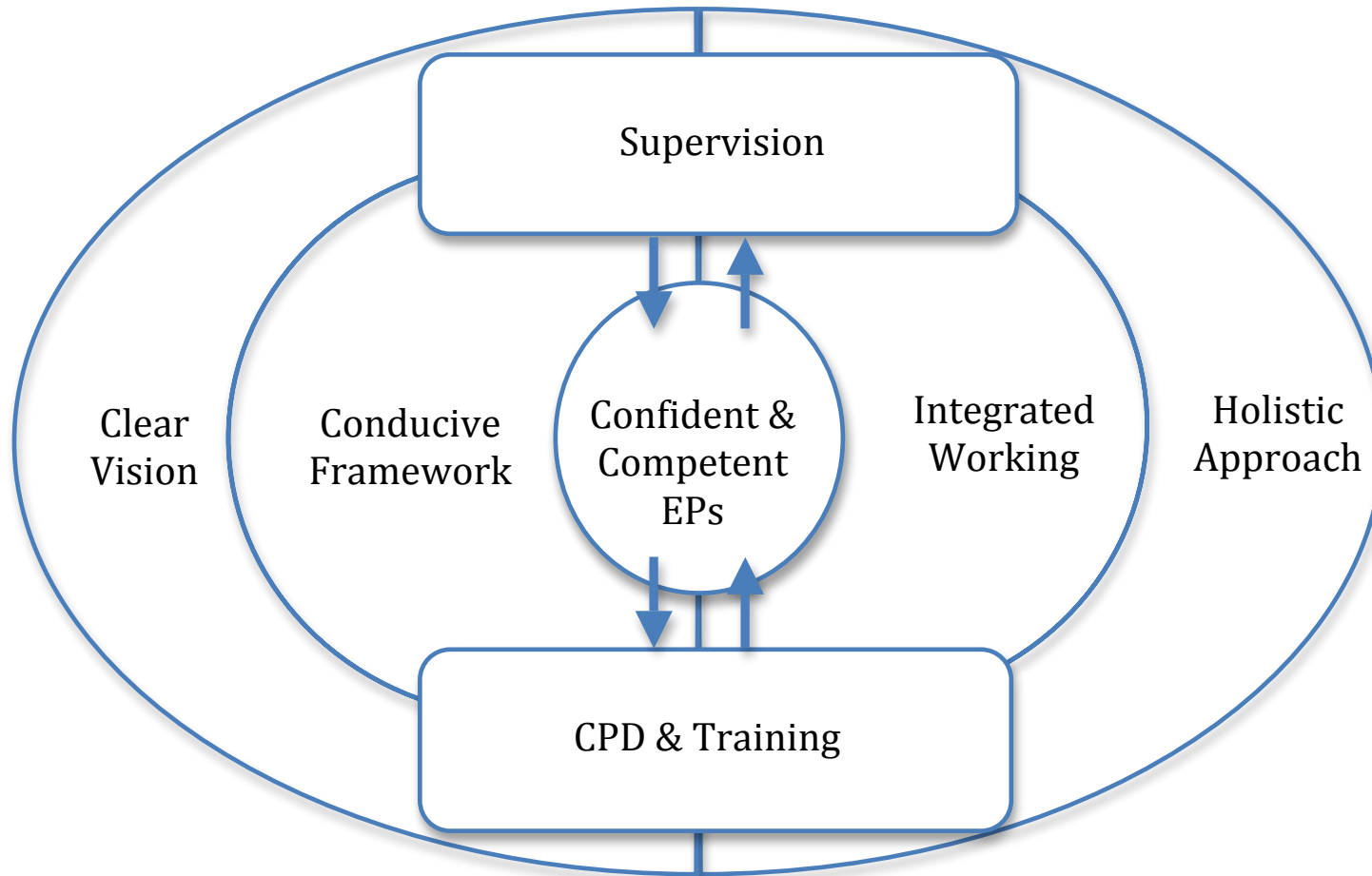
I think it is the ability to look at a whole picture, whole child and systemic analysis really of what is happening to this child... in the family... in the school... what is happening to this child in their community... what is happening to the child with in themselves... so... being able to analyse all those factors... a phrase I often use for myself is... what difference will make a difference? ... sometimes this is a change for the teacher or the adult...

(line 113)

There is a need for EPs to feel confident with the paradigm of mental health that is guiding their practice; ideally, this should take an eclectic approach as all paradigms can make a positive contribution. The adoption of a holistic approach indicates a shared vision from EPs in relation to the type of framework to guide their work with mental health and psychological wellbeing. The central aspect of a holistic approach is that

psychologists will need to be able to work across a wide range of levels, including: individually with children, parents and families; completing consultations with parents and teachers; and working at an organisational level to build the capacity of services through training and systems change. The principles of working along a continuum can be traced back to the diversity of working highlighted in Kelly and Gray (2000) and Farrell et al (2006) in the most recent professional reviews.

*Fig 24 A Model for EPs to Engage in Mental Health and Psychological Wellbeing Work with Children and Young People*



### 6.3 Strengths and Limitations of the Research

The mixed methods framework adopted for this research has been useful as the quantitative data has provided a context to make sense of the findings. The mixed methods methodology has provided a more holistic understanding of the role of EPs in working with mental health and psychological wellbeing by providing an overview of how EPs are engaged with this type of work, before exploring in detail the thoughts of EPs regarding their role working in this area. The two elements of the methodology have helped to validate the findings of the project as the two elements allow for the triangulation of data. The outcomes of both stages shared common ground, which helps to strengthen the overall findings of the research.

There are a number of limitations to be taken into consideration regarding this research. The findings of the qualitative and quantitative elements are derived from a relatively small sample of EPs, from only 3 Local Authorities, which make the results difficult to generalise to the EP profession. Ideally a nationwide survey would be needed to establish a clearer indication of the nature of work EPs are completing regarding mental health and psychological wellbeing: Cathy Atkinson at Manchester University is currently completing a national review of therapeutic work completed by EPs (Atkinson, & Squires (2011). The number of questions in the questionnaire was limited to reduce the amount of time required to complete it in the hope this would increase the probability of a high response rate; however, this reduced the amount of data that could be collected. The questionnaire provides a snap shot of information at a specific time, which is likely to change significantly due to individual practice variation of EPs and the nature of work that occurs. It is therefore unrealistic to assume that any replication of the survey, and indeed the interviews, would yield similar results. Furthermore, the questions included in the questionnaire are difficult for EPs to answer accurately. Many EPs do not record the amount of work they complete or the type of interventions they use. In addition, the use of questionnaires poses a difficulty regarding interpretation and understanding of the questions. The terminology used within the research was clearly defined; however, the construct of mental health and psychological wellbeing appears to have been interpreted by individuals in different ways. The differing interpretation could account for some of the variation within the findings.

Despite the measures taken to ensure interpretive validity, it is very difficult to be certain of that similar findings would be achieved if the research were replicated in another locality. The social demographics and geographical contexts of the services need to be taken into account as this influences service provision and priorities, which in turn influences the work EPs complete. In many respects, the three counties used in this research could be viewed as 'paired neighbours' as they are similar in location, size and socio-demographic indices. It is therefore possible that the outcomes of this research would be different if it were replicated in an Inner London Borough where a significant number of EPs are linked to CAMHS. Indeed, the evolution of services and the range of factors that influence and shape a service will create a significant amount of diversity in practice, which would be reflected in the outcomes of any replication of this research.

Grounded Theory proved to be a very appropriate methodology for exploring the role of EPs in working with mental health and psychological wellbeing. The fundamental processes of Grounded Theory, such as retroduction and abduction, enabled the emergence of conceptual data that goes beyond the current research. The process of gradually building a theory as the research progresses and interviews are completed has facilitated the development of a theoretical model that could help facilitate EPs to be more able to work with mental health and psychological wellbeing. The process of Grounded Theory did pose a number of challenges. A number of EPs were identified as part of the purposeful sampling process; for example, EPs working in CAMHS or who had specific therapeutic training. The recruitment of these individuals proved to be problematic with a number of appointments having to be cancelled or approaches to participate being declined. The time limitations of completing a piece of doctoral research placed strain on the concept of the researcher reaching the natural saturation of the data. Reaching a state of natural saturation cannot be predicted or calculated, which makes it difficult to ensure the research project is completed within the time assigned as part of the training programme. To account for the timing restrictions the researcher had to aim for a satisfactory level of natural saturation.

The ethical considerations for completing this piece of research were fairly straightforward due to the nature of the sample population. A conscious effort was made to ensure that the sample of EPs represented a wide range of views, and was not heavily influenced by a hidden agenda; for example, only main grade EPs who wanted to



influence the senior management team. An ethical decision was made to ensure the sample of EPs consisted of professionals at various different stages of their careers, including newly qualified EPs and Senior EPs in management who were due to retire. It was also felt important to incorporate professionals who had trained at a number of different institutions; as the training courses vary significantly in their focus.

It is important to think about the actual impact of my research on the professionals who have participated in what seems a fairly straightforward project. There was the risk that EPs felt judged about the work they completed and it is possible that some felt that they were being judged for not completing mental health and psychological wellbeing work. These issues may have influenced the context of the interviews and the return rate of the questionnaire, as EPs may not have wanted to openly state their contribution to this area. It is possible that the research project raised the awareness of the different types of work that other EPs were completing and made EPs reflect on the work they complete. A number of responses on the questionnaire witnessed emotional responses to some of the questions through comments such as “Dependent - never as much as I'd like”; “not enough-difficult to give a percentage”; and “very small”. Interestingly this type of feedback was not requested as part of the questionnaire. It is possible that the questionnaire and interviews may have influenced the dynamics of the teams as EPs reflected on their role and became more aware of the opportunities available to other professionals. During one of the interviews the concept of equality and fairness was raised regarding the opportunities available to certain professionals: Val stated “Yes there is and when you get commission time there is an issue about how long people's stay in those positions, for example early years... and how fairly it and share it around” (line 112). She added that:

I think there is an issue there, a massive issue, because if you stay in urban areas with a higher level of need they get lots more time and that's how it's done... then you have more capacity to go into the schools and operate and offer more and work more therapeutically... but shouldn't we be scaling up all EPs to be having a slice of that cake, so that each EP has a school like that and therefore can work more in that way... otherwise you're not skilling everyone up equally... share the patches out more.

(line 105)

A number of measures were taken to ensure the validity of the findings from this research. The process of listening to the tape recordings on numerous occasions and personally transcribing the recording to ensure descriptive validity proved to be

extremely useful. This process allowed for a deeper level of understanding and immersion with the data, which facilitated the researcher in identifying emerging theory. The interviews were substantial in length and provided participants with an opportunity to reflect at a deeper level, which unearthed more detailed emerging theories and concepts; this would not have been possible in a 15-minute interview. The length of the interview provided an opportunity for a working alliance to develop between the researcher and the participant, which enabled misunderstandings to be questioned and meaning to be clarified. Qualitative approaches to research are generally interpretive, which challenges the processes used to ensure interpretive validity. It was helpful to be aware of any ambiguity during the interview and address these issues as they arose. Grounded Theory allows for a transparent process to be followed with examples of the coding framework being used. This research aimed to be as transparent as possible about the methodology and the thinking that has influenced the researcher; for example, the use of memos was a very important way of linking the thoughts of the researcher back to the content of the emerging data.

## 6.4 Reflections

The experience of completing this research project has developed my knowledge and understanding of the complexities of conducting a rigorous piece of research. The experience has highlighted the importance of good planning and attention to detail, such as understanding the relationship between research questions and methodology in order to ensure that the analysis meets the aims of the research.

The process of completing research whilst working has been challenging—especially given the timeframe imposed when studying a doctoral programme. The pressure of completing this research was further exacerbated by external factors; for example, there was an eight-month delay in gaining permission to start this project due to complications at the university ethics board. This delay had serious ramifications on the research, as the planned milestones specified in the initial research proposal could not be met. The delay impacted significantly on the collection of data, and possibly the return of questionnaires; for example, the questionnaire was planned to be distributed at a regional conference, where all EPs from the three localities meet to discuss research and practice. The impact of the severe delay in gaining ethical approval placed further strain on the researcher to balance managing a small number of schools, whilst having to

complete all the necessary aspects of a research project within a significantly reduced time frame.

Further external factors influenced the recruitment of participants and possibly the nature of the concerns discussed. The research was completed during a period of austerity and significant political upheaval. All three of the local authorities used in the research have been subjected to significant service re-structuring with potential job losses. The substantial amount of uncertainty regarding the future of educational psychology and the role of EPs within local authority placed a large shadow over many of the services. Not surprisingly, the focus and attention of many EPs was on securing their future, which required them to sacrifice their time to negotiate a plethora of bureaucratic hurdles, with a number preparing to be re-interviewed for their job. It is likely that the added pressures placed on individuals and services made recruiting participants more difficult. The following conversation highlights this problem.

**Researcher** - I think that is a really interesting theme and it's something that has come out in some of the other conversations that I have had.

**Bella** - it would be good for you to speak to some of the EPs involved in the teams... but I just so don't want to put people under pressure at the moment... they are busy and very stressed at the moment... we've got this consultation coming up next week [about the future of the service and cutbacks]... and it is just very tough at the moment.

(Bella, Integrated Service Manager, line 279).

The aforementioned complications, whilst being inconvenient, provided a realistic experience of the difficulties completing research. The experiences have highlighted the need to adopt a flexible approach to research, which requires that the researcher think creatively and on their feet to negotiate alternatives.

## 6.5 Personal and Professional Journey

The personal and professional journey of a researcher is often used as a component for reviewing the validity of research in order to see if it has facilitated change and developed understanding. The research project has developed my understanding and view of how to work with mental health and psychological wellbeing. Initially, my understanding was focused on the provision of therapeutic interventions and working directly with an individual child, which could be argued placed the difficulty as being within the child. The process of completing this research has made me more aware of

the breadth of interventions that can be beneficial when viewing difficulties from an ecosystemic stance. By adopting this stance, a wider range of possible interventions can be explored across all aspects of a system to establish what would be helpful to create change. Interventions could include completing work with the child, parents, family, school or community; for example, a change in school based on the child's needs could be a more effective intervention for managing stress and anxiety, than completing individual therapeutic work. Similarly, it may be more useful to seek external support for a parent or complete parental consultations, rather than completing individual work with a child. By thinking holistically about a child and their family's needs it is possible to provide an intervention, at any level, that will have a significant impact on the child's mental health and psychological wellbeing. Personally as a psychologist, I feel it is important to work with any aspect of a child's system and to view difficulties from multiple theoretical perspectives in order to establish *what difference will make a difference*. Although I have concerns regarding the prevalence of the medical model and the frequency and willingness of the medical profession to prescribe medication to children, this type of intervention does have a place. For example, many of the NICE guidelines state that medication should be used as a last resort when other interventions have failed. I feel that it is important for psychologists to acknowledge the role of the medical model in keeping some of the most vulnerable children safe, but challenge the tendency for this to be used as the first port of call and viewed as the magic wand to solve all the difficulties that arise.

## 6.6 Implications for Educational Psychology Practice

The role of EPs and educational psychology services working with mental health and psychological wellbeing appears to be an area of interest with a varying degree of involvement. There are many factors involved in determining the likelihood of EPs becoming involved in this work. There are influences at work beyond the individual level of EP practice which shape and mould the nature of work EPs complete. Geographical factors and demographics, such as the number of children and schools in a location, play a role in influencing working practice, based on the perceived needs of children, families and schools. It is the perceived need that is important as this mobilises the direction and vision of a service. The location of the EPs in relation to larger service structures appears to influence the principles behind a shared vision for the service; for example, working in integrated teams may provide opportunities to engage in a broader

range of work, compared to working in a team placed within a Learning Service. The placement of an EPS needs great consideration, especially if services want to focus more on meeting the needs of children and young people holistically, including mental health and psychological wellbeing. Without the agreement and desire at a service level for mental health and psychological wellbeing work to be part of the day-to-day work completed by EPs, the framework needed, such as training, supervision and opportunity, will not be developed to facilitate and support work of this nature; therefore, there is a need for systemic change.

The identification of barriers that prevent EPs in this study from engaging with mental health and psychological wellbeing work provides a useful platform to explore further within the three localities a way of working that is more effective and conducive to this type of work; if services felt it to be appropriate. It is hoped that the findings will stimulate further discussions within each locality and encourage the services to review their practices in relation to mental health and psychological wellbeing of children and young people. There are a wide range of possible strategies that could be introduced to develop this area of practice, if there is a desire to prioritise mental health and psychological wellbeing work. A number of ideas related to the findings and linked into the research model are documented below.

#### 6.6.1 Developing a Working Party to Establish a Shared Vision

It would be useful to establish a working party in each locality that includes a wide range of relevant professionals to explore the pragmatics of facilitating effective service delivery to meet the mental health and psychological wellbeing needs of children and young people. Prior to the development of working parties, it will be important for a number of EPs to explore their worries and concerns regarding historical issues related to power struggles with medical professionals and the dominance of the medical model. EPs would benefit from thinking about the different theoretical perspectives regarding mental health and how this would fit into their way of working. It will be important for EPs to reflect on the role they would like to adopt in relation to working with other professionals and how this would be negotiated and managed. Unless the worries and concerns of EPs are addressed prior to the start of any project, it is likely to result in strained working and possible failure.

### 6.6.2 Developing Links with CAMHS through Shared Supervision Structures

Areas of specific interest could be developed through shared supervision structures between CAMHS professionals and EPs. Both professions have a wide range of valuable knowledge and skills that would complement each other's professional development. The supervision structures could range across individual supervision, joint supervision, or group supervision. Initially, it will be important to establish opportunities for professionals to meet and share knowledge and skills. This could be achieved through joint service days or joint training events; for example, a joint psychological forum meeting could be established with specific topics being discussed bi-monthly.

### 6.6.3 Engaging in Joint Work and Training

Joint working between professionals involved with children and adolescent mental health, such as clinical psychologists, social workers, primary mental health workers and school counsellors would be useful. Services should develop joint training packages that could be delivered in schools to develop their capacity to manage the mental health and psychological wellbeing of children and adolescents. Integrated between professionals would facilitate a greater understanding of how services and individual work can complement each other (Pettitt, 2003) and reduce any potential for replication. The concept of sharing practice emerged during the interviews, for example, James (Senior Educational Psychologist) identified potential limitations of the current practice of EPs and clinical psychologists. He suggests that there is a need to find some middle ground between the two professions to develop a profession for children who are able to meet the needs of children and families, championing an ecosystemic perspective.

If it [educational psychology] is very educational focused... they won't actually have the clinical skills... because they have been undervalued all for the years... I'm not sure the clinical psychologists have the skills either... its might be a because they have to cover such a wide range the adult's as well and all sorts of older people and so on... so I think it is time for the profession for children... for the context which children find themselves in... in the mental health and emotional well-being... and with in that group you would have some who are very familiar with the educational context...

(line 103)

#### 6.6.4 Targeting Training and CPD

If educational psychology services are keen to establish more work of this nature, thought and consideration will need to be given to the framework of service delivery and the competence of EPs. It may be useful to guide CPD to focus on the necessary skills to enable EPs to feel confident to work with and supervise mental health and psychological wellbeing issues. Services might need to buy in specific training packages linked to therapeutic approaches that provide on-going and continued supervision.

#### 6.6.5 Developing a Shared Vision for Services and EPs

If there is a strong commitment to develop mental health and psychological wellbeing practice, services might like to complete organisational change projects that are guided by theories, such as Appreciative Inquiry (Cooperrider, Whitney, & Stavros, 2008; Cooperrider & Whitney, 2005) or Soft Systems Methodology (Checkland & Scholes, 1990) approaches, as this will aid the development of a shared vision that all professionals can contribute towards. It is vital to reflect on the impact of change on individuals and discuss any worries or concerns that may arise. Appreciative Inquiry and Soft Systems offer an approach that develops a shared vision between all members who are involved, which may result in successful change.

#### 6.6.6 Recording Ways of Working

Through discussions with participants and feedback regarding the questionnaires, it was noted that many of the EPs found it difficult to provide an exact number of mental health & psychological wellbeing cases they work with, or even to provide an accurate amount of time this type of work accounts for in their practice. It would be useful for EPs and services to keep a record of the different types of interventions and their typical lengths, as this could be useful to inform the direct impact on services and guide development and training. These figures may be useful in the future if services wish to highlight their involvement with mental health and psychological wellbeing to support applications for funding and grants. It would be useful for services to collect qualitative and quantitative information on this type of work, to provide details not just quantity of this type of work, but also the nature of the work EPs are completing. Collecting a number of vignettes to demonstrate the breadth of work in this area would provide a suitable means for informing service users of the nature of work they could purchase or ask their EP to complete.

### 6.6.7 Sharing Practice and Training within the Profession

There is a degree of variance between EPs' practice and service delivery (Leadbetter, 2000), with some participants also suggesting some variation in focus of the university training courses. It would be useful for EPs to explore how their colleagues work and think about ways of sharing practices relating to mental health and psychological wellbeing work. Exploration of different ways of working would be beneficial for other areas of interest in order to develop professional practice.

## 6.7 Recommendations

There is a growing interest within the profession for developing the practice of EPs and trying to meet the mental health and psychological needs of children and young people. It would be useful for the profession as a whole to establish the means for a detailed professional discussion about the future direction of educational psychology in relation to mental health and psychological wellbeing. Facilitative discussions might provide greater focus and agreement within the profession and prevent further diversity and factions developing. It would be refreshing to have a shared vision within the profession with regards to how EPs can work to meet the needs of children and young people experiencing mental health and psychological wellbeing difficulties. Other issues for consideration include:

- Joint conferences and continuing professional development (CPD) to be organised with the division of educational and child psychology and the division of child and adolescent clinical psychology.
- Training centres to incorporate a CAMHS placement as part of the professional doctorate training.
- Mental health and psychological wellbeing to be addressed more specifically within the initial training of EPs, with more in-depth therapeutic skills being developed that can be applicable across the continuum of practice. The focus should be on developing the fundamental core competencies that underpin a wide range of therapeutic approaches, as well as exploring specific models; for example, Family Therapy or CBT, as research demonstrates that the model used is less important than the development of a therapeutic relationship (Luborsky, et al., 2002).
- The profession to review their construct of mental health and the how they would like to work to meet these needs of children, young people and families.



## 6.7 Commissioning

It is the opinion of the researcher that the profession of educational psychology has entered an interesting period likely to present a significant number of opportunities and changes, as a result of the new SEN green paper consultation, *Support and Aspiration: A New Approach to Special Educational Needs and Disability* (DFE, 2011). The Green Paper offers the profession further opportunities to 'reengage' with psychology and broaden the type of work EPs complete – a silver thread that runs consistently through the previous professional reviews (see Kelly and Gray, 2000; and Farrell et al, 2006). The government review has potential implications for the future commissioning of educational psychology services within Local Authorities, with alternative types of service provision and funding being trialled. The Green Paper looks set to build upon the trend to provide schools with more funding responsibility, as outlined in the Special Educational Needs Code of Practice (2001), which came into operation in 2006.

The uncertainty surrounding the future commissioning of EPs presents a number of potential concerns, particularly the introduction of market forces where EPs are bought in by organisations, such as schools (known as traded services). However, uncertainty also offers potential opportunities, as EPs will need to adapt to their changing environment and provide services that other organisations value and are willing to commission. Participants in this research suggested schools value and demand work that could be associated along the continuum of mental health and psychological wellbeing. With the possible increase in demand from schools (MacKay, 2007) and if the prevalence of mental health and psychological wellbeing figures are to be believed, there is a potential argument that mental health and psychological wellbeing is an area of early intervention work, where EPs could meet the needs of children and families in their community.

Many services are exploring the nature of their service delivery model in terms of 'core work' and 'traded services' (Buckinghamshire Educational Psychology Service, 2011; Hampshire Educational Psychology Service, 2008; Kingston Educational Psychology Service, 2010). It could be argued that work focusing on mental health and psychological wellbeing should fall under the 'core offer' made by educational psychology services, as a significant amount of this work would focus on the most vulnerable children and families in our communities. As a result, the funding for this type of work would be

negotiated through local authority budgets. Alternatively, if schools value EPs working more in-depth or therapeutically with children and young people, they may be willing to purchase this type of work as part of their service level agreement. It is hoped that the systemic model outlined within this research demonstrates the potential for therapeutic work to be used in a systemic framework, where EPs can influence change at any level within a system. It will be important to develop this type of framework when negotiating work, to prevent individual work from becoming isolated and fixed on seeing the child as the problem.

The systemic model for working with the mental health and psychological wellbeing needs of children and young people, offers services an opportunity to explore a range of factors that a group of EPs felt would enable them to successfully engage in work in this area. The model provides a structure for services to compare and contrast the various components that have been identified to facilitate EP engagement in this area, within 'core' and 'traded' service frameworks. The model could be particularly useful for services looking to diversify and refocus on psychology or who would like to expand their remit to include more work of a mental health and psychological wellbeing nature.

The systemic model could also be used to help inform and guide services in transition, who are restructuring their service delivery or looking incorporate elements of the SEN Green Paper. A significant amount of the theory and literature focuses on multi-agency working and how potential difficulties have, or could be, overcome. The model may therefore be particularly useful for services or groups of EPs who are making the transition into integrated services or multi-agency teams, as it highlights the needs of EPs and the areas of support that are required. The model has a general application for people thinking about managing change as it identifies a number of key elements that need to be considered to ensure effective practice, which may be useful beyond the profession of educational psychology.

## 7. Conclusion

This research project aimed to explore the role of EPs in working with mental health and psychological wellbeing. A number of research questions were set out at the start of this project to contain the scope of the research, yet provide enough flexibility for the research to evolve and grow. The first question sought to explore the nature of work EPs completed in relation to mental health and psychological wellbeing. The findings indicated that eighty three percent of EPs who returned the questionnaire felt they engaged in some work of this nature, with variations in the intensity and frequency between individuals and services. The second question sought to explore the type of interventions EPs used when working in this area. The findings identified diversity in working practice. For example, 90 percent of EPs reported that they worked across the different levels of interventions depending on circumstances or completed a mixture of interventions, with the majority utilising a consultation approach and direct therapeutic interventions. The third questions sought to establish the amount of time this work typically accounted for in EP practice. EPs in this study on average felt 9.7 percent of their time was allocated to working with mental health and psychological wellbeing; although, there was a large variation with scores ranging from zero to 40 percent. Mental health and psychological wellbeing appears to be an area of practice that interests EPs. Many commented they would like to complete more in-depth therapeutic work, for example, one respondent to the questionnaire commented: “Dependent — never as much as I’d like”. This type of response was also echoed during the qualitative interviews.

The qualitative phase of the research focused more on collecting the views of EPs and gathering a more detailed understanding of how they viewed their role in working with mental health and psychological wellbeing. The emerging theory indicates that EP’s feel they are well placed and interested in completing work in this area. They discussed the important relationship between mental health and learning. The second part of the qualitative phase focused on what EPs would need to be able to engage more in this area of working. Issues around training, opportunity and supervision were identified as important factors needing to be addressed. Other issues, such as understanding the various perspectives on mental health, the location of the EPS, working with other professionals and dealing with governance, also emerged as important areas to

consider. The final research question aimed to explore how EPs would like to engage in mental health and psychological wellbeing work. The emerging theory indicated EPs would like to consider children's' mental health and psychological wellbeing in a holistic systemic framework, which allowed them to work along a continuum with different aspects of a system, incorporating consultation with organisations and families, as well as having opportunities to work directly with children and families.

It has been well documented that the issues of mental health have been neglected by research, especially when compared to the scale of the reported prevalence (Royal College of Psychiatrists, 2008). There is scope, and a need, to complete a wide range of further research into ways of promoting child and adolescent mental health and psychological wellbeing. This is a growing area of interest for EPs as a profession, which is apparent in the more frequent publishing of related research (see Atkinson & Squires, 2011). A large-scale review is currently being completed by Cathy Atkinson at Manchester University, which will hopefully provide a more detailed overview of the therapeutic work EPs complete in relation to mental health and psychological wellbeing (Atkinson & Squires, 2011).

Further research into the use of different therapeutic approaches to work with children and adolescents' mental health, especially those that complement the theoretical underpinnings and direction of educational psychology would be beneficial. Some therapeutic approaches adopt a more ecosystemic approach to understanding problems. These approaches, such as family therapy, distance themselves from the child deficit model, which makes them more likely to be accepted by EPs (see Pellegrini, 2009). Other approaches, such as CBT, have been adapted by some professionals and placed within a systemic framework (see Greig, 2007).

Further research should explore the impact of service frameworks and the ability of EPs to be able to complete more in-depth work with children and young people. This is an important area given current political directions and the SEN green paper consultation, *Support and Aspiration: A New Approach to Special Educational Needs and Disability* (DFE, 2011). The future of educational psychology looks almost certain to change. The employment structure of the profession is uncertain, with question marks regarding local authority services. The development of more private practice, consortiums and

work linked to charitable organisations, is likely to impact significantly on the nature of work EPs continue to complete. There is likely to be a shift in the focus of the work EPs complete and the models and frameworks under which they operate. Indeed, an example of a TaMHS project in Leicestershire is documented in the SEN green paper to demonstrate how EPs can move towards practical interventions to help families and children at risk (DFE, 2011). Enabling EPs to work with mental health and psychological wellbeing could possibly provide them with an opportunity to refocus on providing psychological based interventions for children and families, to enable a vulnerable group of children to reach their potential.

It is hoped that this research has generated a model for EPs to engage with mental health and psychological wellbeing, which provides a distinct contribution to this area of practice. The aim of the model is to demonstrate new and creative ways of addressing mental health and psychological wellbeing in children and young people that is not simply focused on the medical paradigm but acknowledges the importance of adopting an eclectic and holistic ecosystemic stance, which offer potential opportunities to create change and make a positive difference to children, young people and families. It is hoped that the model can stimulate thought and debate to explore the potential unique contribution of EPs to this area. The author feels strongly that EPs, within individual practice or within integrated teams, can offer a holistic ecosystemic approach to understanding mental health and psychological wellbeing, which goes far beyond the concept of EPs training in a therapeutic approach such as CBT and simply completing more isolated individual therapeutic work or following a traditional CAMHS model within a school setting. There is potential for EPs to develop a new type of intervention, which accommodates their varied skill base and ability to work across a range of different levels of a system, including individual work, working with families, schools and other organisations.

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## 9. Appendices

### 9.1 Questionnaire

#### **UNIVERSITY OF EAST LONDON**

The School of Psychology  
Stratford Campus  
East London

#### **University Research Ethics Committee**

If you have any queries regarding the conduct of the programme in which you are being asked to participate please contact the Secretary of the University Research

Ethics Committee: Ms S Thorne, Administrative Officer for Research, Graduate School, University of East London, Romford Rd, Stratford, E15 4LZ, (telephone 0208 223 6274 e-mail S.Jubane@uel.ac.uk)

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#### **Consent to Participate in a Research Study**

The purpose of this letter is to provide you with the information that you need to consider in deciding whether to participate in this study.

#### **Project Title**

**The role of educational psychologists in working with child and adolescent mental health & psychological wellbeing.**

#### **Project Description**

There is no single agreed term that is used to describe Mental Health and Emotional Well-being; however, there has been a shift away from Mental Health only referring to severe and enduring difficulties. The World Health Organisation's definition is more positive and has been adopted for this research, in an attempt to promote consistency with the definitions used by CAMHS and the DCFS:

*"A state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community."*

(World Health Organisation, 2004 p4)

Young Minds (2002) summarised the magnitude of children and adolescents who are likely to be experiencing mental health difficulties in schools, by suggesting that in a school of 1000 pupils there are likely to be: - 50 pupils who are seriously depressed; 100 who are suffering from significant distress; 10-20 pupils with OCD; and 5-10 girls with eating disorders. Mental health issues for

children can have a devastating and long lasting effect on many aspect of a person's life and indeed continue through adulthood. Mental health issues can impinge of a person's ability to learn and affect academic performance, due to issues of: school exclusions, absenteeism, achievement and existence of special educational needs (Mennuti, Freeman, & Christner, 2006).

Currently, there is little information on the number of educational psychologists who are involved in mental health interventions. The aim of this research is to establish how educational psychologists (EPs) are developing to meet mental health and emotional well-being needs of children and adolescents. A mixed methods approach will be adopted, which will consist of a quantitative survey and a number of qualitative interviews.

This research has adopted a mixed methods design existing of two components:

- i) A quantitative phase - A survey will be sent to EPs in the \*\*\*\* area to establish the quantity of mental health work that is currently being engaged in by EPs.
- ii) A qualitative phase - through the use of Grounded Theory a number of interviews will be conducted to discuss the role of EPs in providing mental health and well-being interventions. The nature of the work, the difficulties faced engaging in this work and a relationship with other agencies will be discussed.

### **Confidentiality of the Data**

On successfully completing the Doctorate in Educational & Child Psychology and passing the viva board examination, information that has been obtained will be destroyed. All written information will be destroyed through the use of a shredding machine.

### **Location**

All interviews will be conducted at each individual's place of work. The policies and procedures of the professionals' employer will be followed to ensure personal safety of both employee (participant) and research are protected. As a paid employee of West Sussex all of my activities will be covered by indemnity insurance.

The questionnaires will be complete in either paper or electronic format depending on accessibility, preference and timing.

### **Disclaimer**

You are not obliged to take part in this study, and are free to withdraw at any time during the interview/ questionnaire. Should you choose to withdraw from the research you may do so without disadvantage to yourself and without any obligation to give a reason.

***The role of educational psychologists in working with child and adolescent mental health & psychological wellbeing.***

- 1. During the course of your work do you engage in mental health interventions?**

☐ Yes

☐ No

(If 'no' you do not have to continue)

- 2. Does this work form part of the generic EP role, or part of a specialism?**

☐ Generic role

☐ Specialism

☐ Both

(Click in box to type information)

What is the specialism?

- 3. Is this work conducted alongside other organisations?**

☐ Yes

☐ No

(Please provide details of organisations involved by clicking in box)

- 4. What is the approximate percentage of time you allocate to mental health work?**

(Click in box to type information)

Generic

Specialism

- 5. What is the nature of the mental health work you complete?**

☐ Systemic consultation, schools and parents (WAVE 1)

☐ Skills based group work (WAVE 2)

☐ Therapeutic interventions - individual and group (WAVE 3)

☐ All the above

☐ Other – please state

(Click in box to type information)

- 6. What is the approximate percentage of time you spend engaging in therapeutic casework?**

(Click in box to type information)

- 7. Typical length of interventions**

☐ Brief interventions (1 – 2 sessions)

☐ Short (3-5 sessions)

☐ Middle (6-12)

☐ Long term (12+)

☐ Mixture (please detail below)

(Click in box to type information)



**E-MAIL**

**If completed electronically:**

**Could you please save your completed copy of this questionnaire to your computer and return it via email to:**

**Jonathan.Fee@westsussex.gov.uk**

**POST**

**Please print completed questionnaire and return to:**

**Jonathan Fee  
Trainee Educational and Child Psychologist  
Educational Psychology Service  
2nd Floor  
County Hall North  
Chart Way  
Horsham  
RH12 1XH**

If you would like more information about this research or have any questions please do not hesitate to contact me on the above email address.

Thank you for taking the time to complete this questionnaire.

## 9.2 Example of Open Coding

5/8

135 educational psychologist is... I think the training courses probably still vary as much as they did, whenever I was there... sometimes I think the training can be very negative focusing on what we don't do... we're not this... we don't do that... but it's not very clear about what we actually are... so I think the confidence then for people to... follow a model can be different, I think people starts from very different perspectives, with different skill sets and I'm not quite sure about that skill set... so some people will come... very much trained that you have a model and you follow it and is very much focused on education... so they will say if it is a problem at home, I'm not going to get involved, I deal with school problems... so they will not have any of the skills - it's very unusual but - people would have family therapy skills from lots of training courses - so if the problem is within the family sense outside their range - but that doesn't really help the child, because the child has come to you with the difficulty and you saying you can't help them because you don't have the skills... so there's certainly a barrier to skills of a psychologist and the confidence of them... and the diversity of what people bring... I think the supervision once in the job and the ability to talk to people about the work you are doing... is very varied across the country... and people think that there is something you don't need to do because you are a trained psychologist and why would you need to talk to anyone about what you're doing... we certainly don't have a supervision structure, in the way that other professions do... it's not a challenging supervision structure... It's usually just work problems it's not really challenging you to improve your practice...

140 J so that would be kind of the development aspect of the profession...

L yeah

J you mentioned possible barriers included training, the kind of skill base the profession has and issues around supervision and developing practice... are there any other barriers you can think of...

145 L I think because psychologists aren't very clear about what they do, other people are not clear about what they do... so who is going to support this new type of psychology?... if psychologists are seen as the type of people you need to employ because they write statutory assessments... so that role is why people pay money... then to this model, that would be a very big barrier because you would not be doing that... it's nothing to do with that kind of system... erm... so getting someone to pay you for it and understand the idea of psychology that doesn't involve statutory assessment... is another problem. It is interesting statutory assessment... because it did secure the future of the profession, but it also has been an a terrible rod in the back in terms of a people who have for years held up a system that is fatally flawed... years and years of work and efforts go into making a system that doesn't work work...

150 J what is it about this statutory assessment process there is a barrier?

L it's a with in child model- an assessment of a child with a problem...so, he had to close down the idea that you might not be interested in the child but you might be interested in the parents... but you can't do a statutory assessment of the parents... so immediately you're having to choose a part of the system that you want to work with that may not be the problem in the system... you can do if that's your assessment of the class teacher that's not

Jonathan Fee 24/1/11 21:48  
**Comment:** Lack of shared vision about what an EP is

Jonathan Fee 24/1/11 21:56  
**Comment:** Variation of training centres

Jonathan Fee 7/11/10 15:04  
**Comment:** Inconsistency regarding role

Jonathan Fee 7/11/10 15:05  
**Comment:** Confidence and structures to guide work

Jonathan Fee 7/11/10 15:10  
**Comment:** Limited construct of the view of EPs and their role

Jonathan Fee 7/11/10 15:13  
**Comment:** Anxiety about wider issues than education - the more unfamiliar

Jonathan Fee 7/11/10 15:13  
**Comment:** Barriers of skill, confidence and diversity ppl bring

Jonathan Fee 7/11/10 15:14  
**Comment:** Limitation of supervision and the EP interpretation/ commitment to supervision

Jonathan Fee 7/11/10 15:18  
**Comment:** Others not clear about role of psychologists

Jonathan Fee 7/11/10 15:19  
**Comment:** Association with statutory assessment - barrier

Jonathan Fee 7/11/10 15:21  
**Comment:** Security of statutory assessment - consumed EP time

### 9.3 Example of Axial Coding

AXIAL CODING	Open coding	Emerging Theory
ROLE OF EP AND MH	Association between learning difficulties and mental health and psychological wellbeing	<p>I don't see anyone with learning disabilities, whose needs are being met and everyone is happy... with learning difficulties such as dyslexia has cerebral palsy, it's usually because there's something emotionally or behaviourally or in relationships that are involved going wrong. (5)</p> <p>it is very rare for me, not to be involved in work that has an emotional health and well-being aspect. If everyone this happy feeling well about themselves than they usually don't need me. (10)</p> <p>it's interaction between learning and emotional well-being that I think is the cusp of the work education psychology (17)</p> <p>I think that some of the most complex cases that I have ever been involved with came through reading problems, but what the teachers thought they wanted was some help to get the child to read and sometimes that is what is requested, but actually once you start to work with the child or the family, you find that that is just the opening of the gates... this is a very acceptable thing to be worried (22)</p> <p>I think we are doing very badly indeed in terms of their happiness and emotional health and well-being and mental health of our children and of our adults (91)</p>
	Therapeutic skills undervalued	that is if it is very educational focused and they won't actually have the clinical skills... because they have been undervalued all for the years (103)
	Range of interventions offered on continuum	somewhere psychologists have always been within that middle point, so I don't think but somewhere along the continuum we would be involved with tutoring maths to a child...(laugh)... without he would lead somebody else... nor do I think you'd see a child twice a week for psychotherapy... that's not a psychologist's job that another specialist's job... (141)
	Lack of clarity of role - impacts on others	I think because psychologists aren't very clear about what they do, other people are not clear about what they do... so who is going to support this new type of psychology? (187)
SA AND JOB SECURITY	SA and job security	<p>statutory assessment... because it did secure the future of the profession, but it also has been an a terrible rod in the back in terms of a people who have for years held up a system that is fatally flawed... years and years of work and efforts go into making a system that doesn't work, work... (193)</p> <p>because it is written into law that you have to be part of the system... and that meant that you have to have educational psychologists... I was around when that first came out... my first job there were 60 applicants for one post and by the next year we were desperately short of educational psychologists... so that created loads and loads of jobs... and provided job security for people... (217)</p>
	Competence in MH&PW is important	so I think it is really vital we identify ourselves those issues and that we are good at it and have the expertise. (18)
SKILL BASE & CONFIDENCE	Narrow skill base of profession due to historical construct	psychologists where about teaching people how to write targets and measure them... it was a job that needed to be done, I think... but it wasn't the whole psychology... and I think the



	<b>of role</b>	move for psychologists to be those type of super teachers- who are very good at all of that many wider skills, was a big mistake... so I see among colleagues sometimes now... who <del>errm</del> ... who do have an a very narrow range of skills... in terms of trying to be a better teacher than a teacher... (50)
	<b>Skill and confidence issues - meeting needs</b>	<del>because</del> the child has come to you with the difficulty and you saying you can't help them because you don't have the skills... so there's certainly a barrier to skills of a psychologist and the confidence of them... and the diversity of what people bring (173)
<b>SUPERVISION</b>	<b>Supervision</b>	I think the supervision once in the job and the ability to talk to people about the work you are doing... is very varied across the country... and people think that there is something you don't need to do because you are a trained psychologist and why would you need to talk to anyone about what you're doing... we certainly don't have a supervision structure, in the way that other professions do... it's not a challenging supervision structure... It's usually just work problems it's not really challenging you to improve your practice... (175)
<b>TIME</b>	<b>Time issues</b>	time is always a factor... people will always say they haven't got time... time is a real factor... (229)
<b>TRAINING</b>	<b>Impact of training and clinical focus/ competency</b>	when I trained, which was the early 1980s-I trained at the <del>Taxistock</del> clinic looks super teachers... we where taught very much with a bit of clinical psychology in it, so it's very much about emotional health and well-being... and I remember coming out as a trainee - because it was at that time they come out with all sorts of packages... data pack... with all sorts of ways of analysing learning, in a very behaviourist way and the job is a psychologist us to teach the next three letter sounds... and I remember feeling very angry because all of the other trainees seem to know so much more than I did because they had all these packages and could set targets and could monitor them and so on... we had none of that, to all and I felt very ill equipped... (37)
	<b>Inconsistency between training and real world practice</b>	
	<b>Limitations of frameworks and models underpinning educational psychology</b>	I moved away from the behavioural psychology I think it was thought of for a long time as the saviour of psychology... and behavioural psychology is not that keen on mental health... is much more keen on the behaviour you see and manipulating that... rather than understanding why someone might think or feel in a certain way. (66)
	<b>Still working and training based on historical role of EPs</b>	I attended a presentation the other day with that exact model was described, by somebody as a institution with they train educational psychologists... so they where modelling that process of two letter sounds and two more and how the process is achieved by writing the targets... which I found quite <del>shocking</del> <del>cos</del> I really thought things had moved on... is good practice educational psychologists really worried me because I don't think there is a future in educational psychology really lies... I think that where the teaching lies. (76)
	<b>Training issues and lack of shared vision between universities</b>	... <del>training</del> is the problem I think, as I have already said... I'm not quite sure what training educational psychologists get now... it's been a long time since I've done the training... I don't see a coherent idea of what's an educational psychologist is... I think the training courses probably still vary as much as they did, whenever I was there... sometimes I think the training can

## 9.4 Example of Selective Coding

### Description of what AXIAL coding has produced:

EP feels the majority of her work is linked to mental health, as these are the type of children that puzzle teachers and schools. Sometimes mental health issues are not clear; teachers often identify learning issues first. EP felt that historical role of the EP had limited its involvement with MH and the profession had undervalued therapeutic skills, in favour for a more super teacher/ adviser role. EP felt that because the profession is not clear about what it does, neither are the people who they work with such as schools etc. EP felt that EPs should offer interventions on a continuum between, Wave Three interventions delivered by a teacher and psychotherapy – the role of a psychologist falls between these opposites.

EP acknowledged that these are very uncertain times politically and indicated that statutory assessments provide job security for the profession, as it is written into law. They indicated that SA have proved to be a rod on the back, as they are part of a flawed system.

EP commented that it is important to become competent in working with MH as this is an area of growing need. The profession has a narrow skill based due to the historical construct of the role of the EP, which focused on target setting and trying to be a better teacher than a teacher. This is an important area to develop, as you don't want to be in a position where you feel you don't have the skills and confidence to deal with issues a child bring to you.

Inconsistencies with the way EPs are trained has contributed to the diverse ways of working and lack of a shared vision for the profession. There are inconsistencies with skill set taught at training centred and the real world role of EPs within local authorities. Once in employment, the supervision within the profession is poor, it does not challenge and develop professional practice.

There needs to be a new way of working with a psychologist who is able to work holistically with children, families and schools. They should have a community focus and work as part of an integrated team, in a designated area. The nature of their work need to be more in-depth – this have time implications – and more focused on children and their families. There needs to be a range of work, which includes individual therapy and working with organisations.

### CORE Conceptual Categories

- EPs should form part of integrated teams and shift focus away from solely schools.
- Training needs to be more consistent between universities.
- Training and real world practice should be consistent.
- EPs should become competent in MH, as this is a growing area of need.

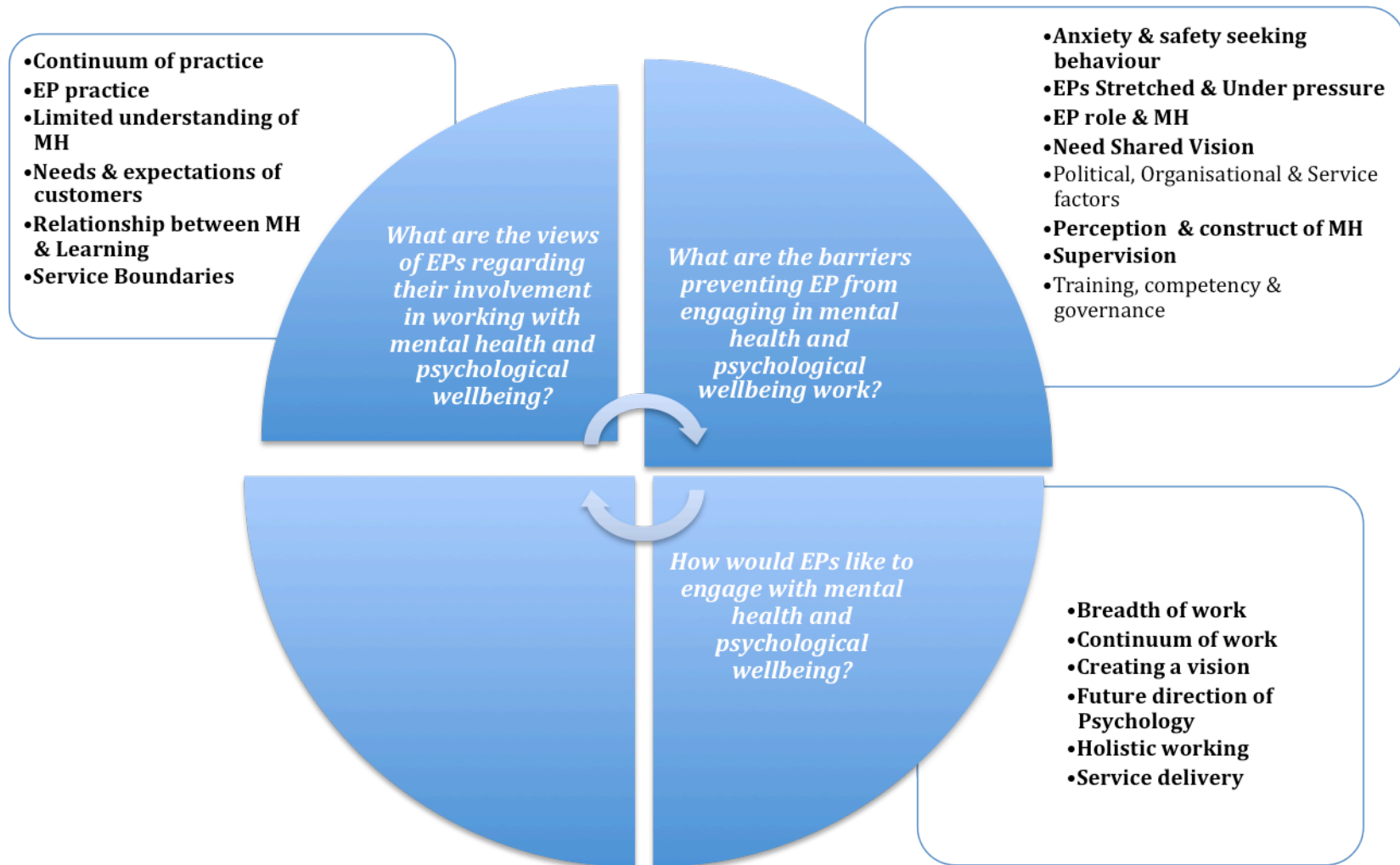
9.5 Example of Code Map



	<b>of role</b>	move for psychologists to be those type of super teachers- who are very good at all of that many wider skills, was a big mistake... so I see among colleagues sometimes now... who <del>errm</del> ... who do have an a very narrow range of skills... in terms of trying to be a better teacher than a teacher... (50)
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## 9.6 Planning Diagram





## 9.7 Old Questionnaire

### The role of Educational Psychologists in Mental Health and Therapeutic Casework Service Questionnaire

**1. How many EPs are there in your service?**

(Click in box to type in information)

Type here

**2. How many educational psychologists have a brief from mental health in your service?**

☐ 0

☐ 1

☐ 2

☐ 3

☐

4

☐ Other

(Click in box to type in information)

Type here

**3. Does this work form part of the generic EP role, or part of a specialism?**

☐ Generic role

☐ Specialism

☐ Both

What is the specialism? Type here

**4. What is the percentage of time allocated to mental health work for EPs?**

(Click in box to type in information)

Generic Type here

Specialism Type here

**5. Is this work conducted alongside other organisations?**

☐ Yes

☐ No

(Please provide details if of organisations involved)

Type here

**The role of Educational Psychologists in Mental Health and Therapeutic Casework**  
Educational Psychologist Questionnaire

**8. During the course of your work do you engage in mental health interventions?**

☐ Yes

☐ No

(If 'no' you do not have to continue)

**9. What is the nature of the mental health work you complete?**

☐ Systemic consultation

☐ Group work

☐ Individual interventions

☐ All the above

☐ Other – please state

(Click in box to type in information)

Type here

**10. What is the percentage of time you spend engaging in therapeutic casework?**

(Click in box to type in information)

Type here

**11. Type of approach(es) used during therapeutic casework**

☐ Solution focused

☐ Cognitive behavioural approaches

☐ Motivational interviewing

☐ Counselling (Person centred)

☐ EMDR

☐ Family Therapy

☐ Personal Construct

☐ Therapeutic Story writing

☐ Narrative Therapy

☐ Transactional Analysis

☐ Play Therapy

☐ Other (Please specify)

(Click in box to type in information)

Type here

**12. Typical length of interventions**

☐ Brief interventions (1 – 2 sessions)

☐ Short (3-5 sessions)

☐ Middle (6-12)

☐ Long term (12+)

☐ Mixture (please detail below)

(Click in box to type in information)

Type here

## 9.8 Sample of Memos

1	<p>Thesis 13.8.10</p> <p>Organisational Psychology and EPs (Bion)</p> <ul style="list-style-type: none"> <li>• Top down leadership (told what to do) ↑ professional anxiety, which is split off and projected against management and organisation.</li> <li>• Lack of supervision within EP practice - not been able to manage this anxiety?</li> <li>• Focus on organisational change and child's view. Is this due to the mirrored process within the organisation that EP operate. They find it difficult for their voice to be heard and feel that the organisation is suppressing their potential.</li> </ul>
2	<p>Conversation with X</p> <ul style="list-style-type: none"> <li>• Switched off and robotically completed SA, due to the quantity he has to write up. This has prevented him from focusing and completing the type of work he would like to do.</li> </ul>
3	<p>Paradox - unique role of EP and consultation</p> <ul style="list-style-type: none"> <li>• EP literature has been obsessed with establishing a unique role. WHY?</li> <li>• Is this as a result of the anxiety associated with the working environment they find themselves in? Would establishing a unique role remove anxiety and establish secure future role for EPs?</li> <li>• Does working within a pure consultative framework fuel EPs insecurities, as by its nature, consultation is about using the client's expertise.</li> <li>• Does the process of consultation constitute a unique role for EPs? NO</li> </ul>
4	<p>Do clinical psychologists have the same issue with identity? Do they perceive themselves as therapists, and therefore have a more secure sense of professional identity?</p>
5	<p>Therapy and EPs</p> <ul style="list-style-type: none"> <li>• Chicken and egg... need skills to complete this type of work, but need opportunities to use this skills..</li> <li>• Conversation will ***- 21st Century EP group - how therapy fits into the role of EPs</li> </ul>
6	<p>EPS movement</p> <ul style="list-style-type: none"> <li>• WS EPS has transferred between Learning Service and Integrated Services.</li> <li>• Has the lack of attachment and security - consistency - fuelled insecurity within the profession and contributed to a lack of identity.</li> </ul>

## 9.9 University Research Ethic's Committee Confirmation



Dr Mary Robinson  
School of Psychology  
Stratford

ETH/12/12

16 January 2012

Dear Dr Robinson,

**Application to the Research Ethics Committee: The role of educational psychologists in working with child and adolescent mental health and emotional well-being. (J Fee)**

I advise that Members of the Research Ethics Committee have now approved the above application on the terms previously advised to you. The Research Ethics Committee should be informed of any significant changes that take place after approval has been given. Examples of such changes include any change to the scope, methodology or composition of investigative team. These examples are not exclusive and the person responsible for the programme must exercise proper judgement in determining what should be brought to the attention of the Committee.

In accepting the terms previously advised to you I would be grateful if you could return the declaration form below, duly signed and dated, confirming that you will inform the committee of any changes to your approved programme.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Debbie', is positioned above the printed name of the sender.

Debbie Dada  
Administrative Officer for Research  
d.dada@uel.ac.uk  
02082232976

## 9.10 Example of Consent Form



### UNIVERSITY OF EAST LONDON Consent to Participate in Thesis Research

#### **The role of educational psychologists in working with child and adolescent mental health & psychological wellbeing.**

I have discussed the content of the above programme of research in which I have been asked to participate and have been given a copy of information to keep. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and the procedures in which I will be involved have been explained to me.

I understand that my involvement in this study, and particular data from this research, will remain strictly confidential. Only the researchers involved in the study will have access to the data. It has been explained to me what will happen to the data once the experimental programme has been completed.

I hereby fully and freely consent to participate in the study which has been fully explained to me.

Having given this consent I understand that I have the right to withdraw from the programme at any time without disadvantage to myself and without being obliged to give any reason.

Participant's name (BLOCK CAPITALS): .....

Participant's signature: .....

Investigator's name: .....

Investigator's signature: .....

Date: .....